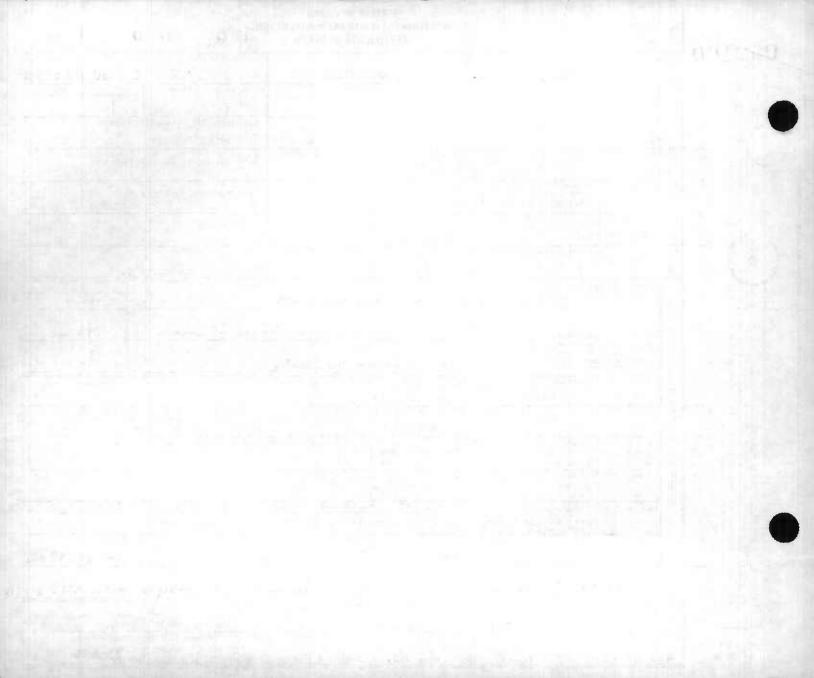
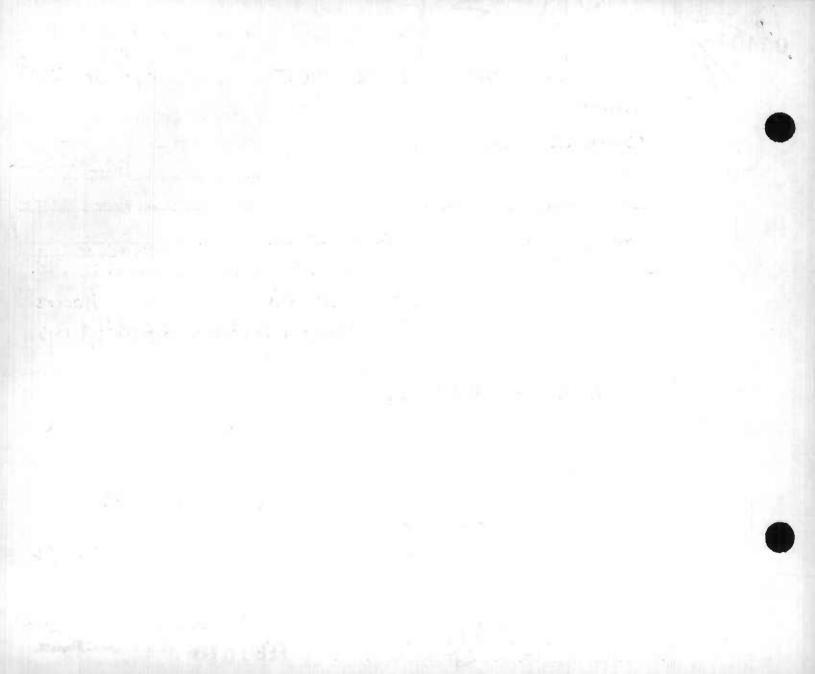
_	1-	FOR STATE REGISTRAR	DEPART	MENT OF	HEALTH AND MENTAL HYG	IENE 6 REG. NO.	6210				
U		OR PRINT)	Gladýs			TO DATE OF DEATH	O 86 11:29 to				
			4 RACE white	MON	TH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY) 8 87 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.				
36	Í	Visconsin	USA	8. MARRI WIDOW	ED NEVER MARRIED DIVORCED	9 BALTIMORE CITY <u>OR</u> COUNTY Washington	OF DEATH MD.				
70	На	agerstown	(IF NOT IN SUCH FACILITY, GIVE STREET RAVENWOOD Nurs	ing h	lome	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LII artist	126 KIND OF BUSINESS OR INDUSTRY self-employed				
35		Maryland Washi			YES NO X	13e STREET ADDRESS / ZIP CODE 125 Lorraine					
K		Ferdinand	Nehring		Minnie	WIDDLE	LAST				
1			WAR OR DATES)								
		PART I. DEATH WAS CAUSED	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carebro value on becident DUE TO, OR AS A CONSEQUENCE OF								
		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last. (c) A+twide Carebra Valence District Carebra Valen									
	NOI	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 16									
9	RTIFICAT	19a DATE OF OPERATION		OPERATIO		YES NO YE					
9		OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH D	AY YEAR		RED (ENTER NATURE OF INJURY IN ITEM 18 F	PART I OR PART 2)				
4	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		FARM ETC)	STREET	CITY OR TOWN	COUNTY STATE				
		sow the deceased alive on above, (1) (we) (did) (did not		51	11/		r and fram the causes stated				
		50	Dear	- w		MEDICAL STAFF DIRECTOR PHYSICIAN	12 Fela 19 EL				
1		W.M. Fe	udu		138 E. Anto	etan St. Hayer	3 John MD 21740				
4	23a E	BURIAL, CREMATION, REMOVAL SPECIFY) burial				CITY OR TOWN	Wash., Maryland				
/84		NAME	ICH FUNERAL HOME		25a. DATI	E REC'D. BY REGISTRAR 256 REGIST					
	99	7 1. DEC 1. TO C. T.	1 - STATE REGISTRAR 1. DECEASED NAME (17PE OR PRINT) 3. SEX female 7. BIRTHPLACE STATE OR FOREIGN COUNTRY) Wisconsin 10 CITY OR TOWN OF DEATH Hagerstown USUAL RESIDENCE (IF NURSING HOME OR 136. STATE 136. COUN Maryland Wash: Ferdinand 16. WAS DECEASED EVER IN U.S. ARR (YES, NO OR UNIKNOWN) 18 CAUSE OF DEATH IE THEY OR OR OR UNIKNOWN) 18 CAUSE OF DEATH HE THEY OR OR OR OR OR OR UNIKNOWN) 19 DATE OF OPERATION 20 DATE OF OPERATION 21 DATE OF OPERATION 21 DATE OF OPERATION 22 DATE OF OPERATION 22 DATE OF OPERATION 22 DATE OF OPERATION 22 DATE OF OPERATION 23 DATE OF OPERATION 24 DATE OF OPERATION 25 DATE OF OPERATION 26 DATE OF OPERATION 27 DATE OF OPERATION 27 DATE OF OPERATION 28 DATE OF OPERATION 29 DATE OF OPERATION 21 DATE OF OPERATION 21 DATE OF OPERATION 22 DATE OF OPERATION 22 DATE OF OPERATION 23 DATE OF OPERATION, REMOVAL (SPECIFY) DATE OF OPERATION, REMOVAL (SPECIFY) DUTIAL 24 FUNERAL DIRECTOR MINN: AMARE 25 DATE OF OPERATION, REMOVAL (SPECIFY) DUTIAL 24 FUNERAL DIRECTOR MINN: AMARE AMARE AMARE 25 DATE OF OPERATION, REMOVAL (SPECIFY) DUTIAL 24 FUNERAL DIRECTOR MINN: AMARE A	1 - STATE REGISTARR	DEPARTMENT OF CERT I 1. DECEASED NAME (TYPE OR PRENT) Daisy 3. SEX female 7a. BIRTHPLACE (STATE OR FOREIGN ORDER) Wisconsin 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION, ONE RESOURCE BEFORE ADMISSION Hagerstown BUSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, ONE RESOURCE BEFORE ADMISSION) 13a. STATE WISCON WISCONSIN USA USA USA USA WISCON BUSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, ONE RESOURCE BEFORE ADMISSION) Washington 14. FATHER'S NAME FETCH IN U.S. ARMED FORCES? (YES MOOR UNANOWN) (IF YES GIVE WAR OR DATES) NO 18. CAUSE OF DEATH (Enter only one couse per line for to), (b), and (c). PART 1. DEATH WAS CAUSED BY. (MMEDIATE CAUSE (a)) DUE TO, OR AS A CONSEQUENCE OF (b) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO PEATH WIND CONTRIBUTION (CONTRIBUTION) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO PEATH WIND CONTRIBUTION (PEATH WAS UNDERLYING) 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 19c. CONDITION FOR WHICH OPERATION	The Ceased Name (1985) Daisy G. ARMBRUST Jean 1	DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR I. DECEASED NAME				





DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND

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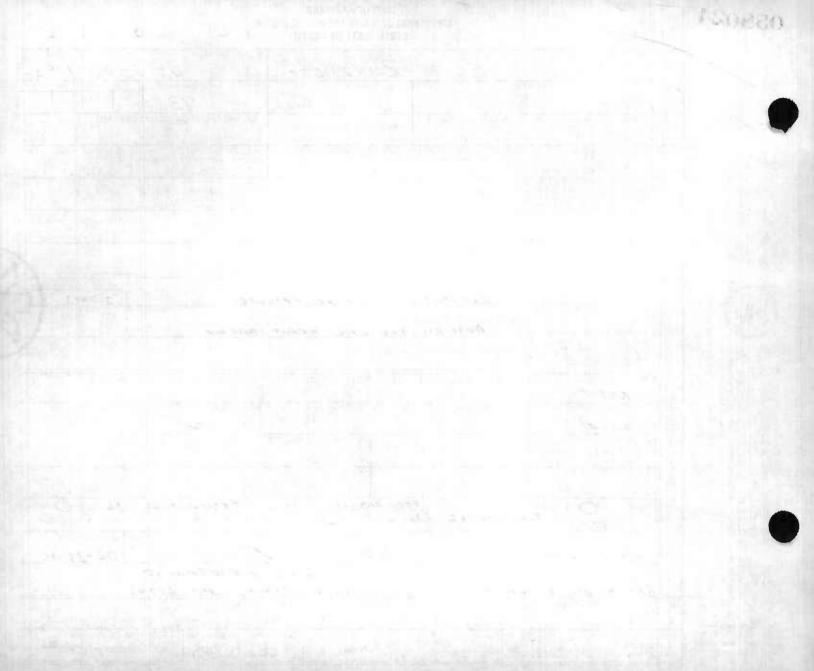
	1.	STATE			DEFARIN	CERTIF	ICATE OF DEATH	REG. N	0 (5 2	1 2	
7		EASED NAME	FIRST	,	AIDDLE		AST 1 P O	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR	
"	111111	Vi	rgil		Eugene	150	anzhoff'		02	23 86	116AN	
d	3. SEX		7	RACE		5. DATE C		6 AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAYS	IF UNDER 24 HRS	
ij		Male	1111	whi	te	MONTH	27 1912	7	3 YRS.	MONTHS DAYS	HOURS MIN.	
1		RTHPLACE (STATE OR F	OREIGN 7	b CITIZEN OF	WHAT COUNTRY?	8.		9 BALTIMORE CITY OR COUNTY OF DEATH				
S		aryland	Territor.	U.S	. A .	WIDOWE	D NEVER MARRIED DIVORCED	Washi	ngton		MD	
	10. CI	TY OR TOWN OF DEA	TH	II. NAME OF H	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	12e USUAL OCCUPAT	ON	12b. KIND C	F BUSINESS OR	
1		Hagerstown	- 1	Washing	gton Coun	ty Ho	spital	Supervisi		M.C.	I.	
5	130 S	AL RESIDENCE (IF NURS TATE aryland	136 COUN	ington	131. CITY OR TOWN Hagersto	N	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS			40	
-	14. FA	THER'S NAME			<u> </u>		15 MOTHER'S MAIDEN NA	ME	227 0110			
		William		F.	Banzhoff		Martha	MIDDLE		LAS D = 1		
-		AS DECEASED EVER			16b SOCIAL SECU		17 INFORMANT	ADDRI	SS	KOD	inette	
	(1	YES. NO OR UNKNOWN)	W.W.	WAR OR DATES)			Mrs. Catheri	no M Ponch	off	Unanant	\	
					1		Mis. Catherr	ne m. banzı	IOLL,	APPROX	IMATE INTERVAL	
1		PART I. DEATH W	AS CALISED	RY.								
			IMMEDIATE	CAUSE (o)	ONGESTIC	7° C	on DIAC FAIR	LURE		301	73	
	e tur ut	1		AS A CONSEQUE								
		Conditions, if any, gave rise to imm	nediote	(b)	HALSE KIOS	scre.	ROTIC HEART	PISENSE				
1		cause (a), statin underlying couse	9	DUE TO, OF	R AS A CONSEQUE	NCE OF				3 33.7		
1		0.07.0.07.050.00		(c)								
	z			ONDITIONS <u>CC</u>	DATKIBUTING TO D	PEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIV	VEN IN PART I	3	
U.	ATIO	NONS 190 DATE OF OPERAT		TION CONIDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20g AUTOPSY?	Tank IF VE	S, WERE FINDIN	JCS HSSD	
2	CERTIFICATION	NONS	1014	178 CONDI	HONTOK WITHOUT	OILKAIIO	IN WASTERI ORMED	YES NOT	IN CERTI	FYING CAUSES	OF DEATH?	
5	ERI	21g. ACCIDENT WAS UND	ERLYING	21b. TIME O			21c. HOW INJURY OCCUR					
ſ.		OR CONTRIBUTING C		" 1	M. MONTH DA	Y YEAR						
	MEDICAL	21d. INJURY OCCURR		P./ 21e. PLACE (19	21f LOCATION					
H	W	WHILE NOT WH	RE .	(AT HOME, STR	EET, FACTORY, OFFICE F	ARM, ETC }	STREET	CITY OR TO	WN	COUNTY	STATE	
	100	22a. I certify that		al) attended the	e deceased from F	EBRUA	AT 18 1986	to FEBRUA	14 23	19 86	that (I) Iwe last	
							nd that in (my) (aur) apinian	death accurred an the de	ate and hou	and from the	causes stated	
		22b. SIGNATURE	liga (dia not	view the body	atter death.		DEGREE		-	22c. DATE		
4	10	Revelle	1/1	_		M.	ATTENDING	DIRECTOR PHYSIC		02-	23-86	
1	1	22d. PHYSICIAN'S NA	AME (TYPE OR	PRINT		12	22e ADDRESS 339 E	ANTIE TH		102-	25-06	
		DARRE	, ,						0 17			
	230 B	URIAL, CREMATION,		23b. DATE		AME OF C	EMETERY OR CREMATORY	123d LOCATION	2/75	10		
i		burial	MEMOTAL					CITY OR TOWN		COUNTY	STATE	
	24 FI	INFRAI DIRECTOR	MINNI			Rest	Haven Cemeter	y Hagersto	WIL W	asn.,Ma	ryland	

DHMH - 16 60M 7/B4 (VRA 15, 4)

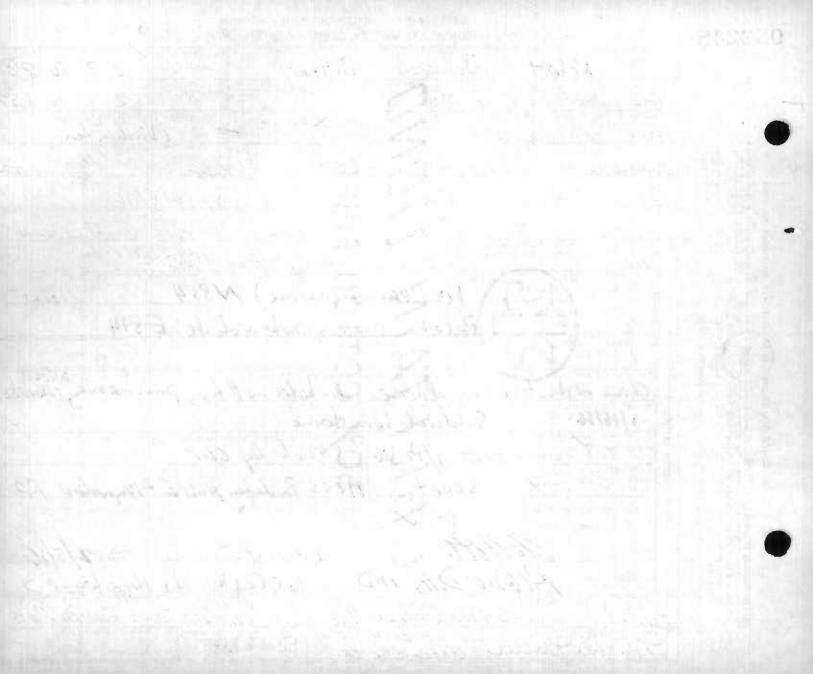
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415 E.Wilson Blvd., Hagerstown, MD. 21740

FEB 25 1986 Julia Bairdson-hander



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG NO DECEASED NAME 20 DATE KNOWN (TYPE OR FRINT) OF ESTI-Johnston DEATH MATED 5. DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR JE UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH TO BUREHPLACE HIXELT CO. MARRIED NEVER MARRIED **FOREIGN COUNTRYS** WIDOWED DIVORCED IB CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 1/2b, KIND OF BUSINESS IF NOT IN SUCH FACILITY GIVE STREET ADDRESS FORMOST OF WORKING LIFET USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 1 BY COUNTY 113d. INSIDE CITY LIMITS? 13e, STREET ADDRES NO.X AFATHER'S NAME 15. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and,(c). PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a), DUE TO, OR AS A CONSEQUENCE Conditions, if any, which gave rise to immediate count (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELAZED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 20 AUTOPSY? YES 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH / DAY 1986 CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY LAT HOME WHILE WHILE AT WORK TO MEDICAL EXAMINES: TO EXCUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUREAL DIRECTOR PATER DEATH, WITH THE ST BALTHWARE MARKIAND. 22a I certify that I took charge of the remains described above, held an Autopsy ond in my opinion Accident death resulted from Natural causes Suicide Homicide Undetermined manner ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) THE BURIAL CREMATION REMOVAL 23h DATE UNERALDIRECTOR ZSO DATE REC'D. BY REGISTRAR ISS REGISTRAR'S SIGNATURE DH/804 - 17 (VR A15 ME (5))



415 E. Wilson Blvd., Hagerstown, Md. 21740

(VRA 15, 4)

56110	1. DE	STATE REGISTRAR BO CEASED NAME OR PRINTI	GER	CERTIF	ICATE OF DEATH	REG. N		YEAR 25 HOUR
ny be		Mabel	6. 5	BL	GER		2-10-8	68 a
tor, pe	3 SE	Female	White	5 DATE C	DAY YEAR	4 AGE IN YEARS LAST BIR	THORY) IF UNDER	
directionrs and once	7u. B	RTHPLACE (STATE OR FOREIGN	7% CITIZEN OF WHAT COUNTRY?	Jan.		9 BALTIMORE CITY	YRS. OR COUNTY OF DE	ATH
deatin 72 h	C	Maryland	U.S.A.	MARRIE	NEVER MARRIED		ton Coun	
by the fured within		illiamsport	11. NAME OF HOSPITAL, NURSIN JIF NOT IN SUCH FACILITY, GIVE STREET Williamsport	ADDRESS]		12e USUAL OCCUPAT (TYPE OF WORK FOR MOST) Housewif	ION 12b. OF WORKING LIFET IND	KIND OF BUSINESS OUSTRY
Tilled in wide be fill miner mu	73e 3	STATE 136 COUR	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION)	134 INSIDE CITY LIMITS?	134. STREET ADDRESS 1019 Ham:		21740 vd.
meretely and short	14 F/	THER'S NAME	MDDLE LAST HOOVE		15. MOTHER'S MAIDEN NAME FIRST ROSa			nes
te be execusion and correction and correction. Pages 1 au. the med	16a V	VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES		Louise V. C	ampbell i	Hagersto	ilton Bl wn.Md.
certifica g physici n papers removal atic even		PART I. DEATH WAS CAUSE		odici.i	is		-	APPROXIMATE INTERVAL ETWEEN ONSET AND DEAT
requires that the at a signed by the att he please remove hen please remove by injury, or other winjury, or other	Z	Conditions, if ony, which gave rise to immediate cause ia, stating the underlying cause lost	DUE TO, OR AS A CONSEOU		NOT RELATED TO THE TERM	NAL DISEASE OR CON	IDITION GIVEN IN P	ART 1(o)
: The law te has bee permit. Ti iene prior shows an	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO		200 AUTOPSY?	206. IF YES, WERE IN CERTIFYING C	FINDINGS USED AUSES OF DEATH?
SICIAN ysician. certifical transit ital Hyg		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEL	HOUR A.M. MONTH D	AY YEAR	21¢ HOW INJURY OCCURR			
G PHY ding pl er this burial nd Mer ked or	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, I	FARM, ETC 1	211 LOCATION STREET	CITY OR TO	wn coul	NTY STATE
DING Itendin After I After I After I After I After I After I and I Anarked		22e.1 certify that (1) (this haspi sow the deceased alive an	at) attended the deceased from 19	96, or	d that in (my) (our) apinion of	eath occurred on the c		om the causes stated
ATTENDI ontal or atte ECTOR: A for use as t for use as t em 21 is ma		above, (1) (we) (did) (did no			DEGREE		220	. DATE SIGNED
OR ATTEN hospital or a DIRECTOR: led for use a lept. of Heal f Item 21 is		above, (I) (we) (did) (did no	Milent	in		MEDICAL STA	FF CIAN 🗆	2/10/86
OR ATTEN hospital or a DIRECTOR: led for use a lept. of Heal f Item 21 is	(above, (1) (we) (did) (did no	Melent	wy	PHYSICIAN 2	MEDICAL STA DIRECTOR PHYSI Frederick Dersburg M	Road	2/10/86
TO HOSPITAL OR ATTEN retained by the hospital or a TO FUNERAL DIRECTOR: should be detached for use a with the State Dept. of Heal IMPORTANT: If Item 21 is	23o. (obove. (1) (we) (did) (did no	Meliuf Ck 23b. DATE 23t. 1	NAME OF C	PHYSICIAN 2 77R ADDRESS 1622 Gait EMETERY OR CREMATORY	DIRECTOR PHYSICAL PHY	Road D 20760	2/10/86 STATE
OR ATTEN hospital or a DIRECTOR: led for use a lept. of Heal f Item 21 is	(chove. (1) (we) (did) (did no	Melius Parinti Ck 23b. DATE 23L 1-13-86 Re	NAME OF C	PHYSICIAN 20 16220 Gait) EMETERY OF CREMATORY AVEN CEMETER	DIRECTOR PHYSICAL PHY	Road D 20760 country town, Was	hington,

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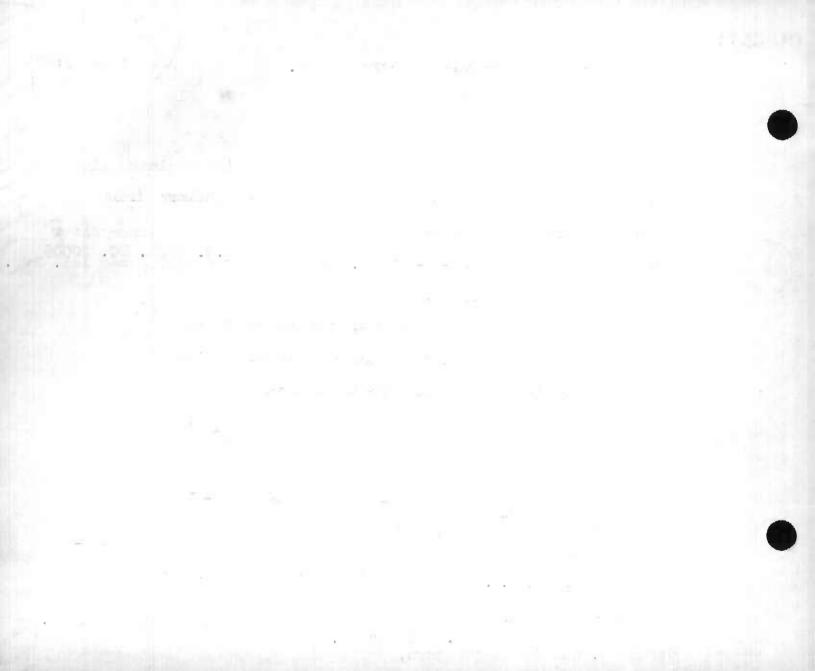
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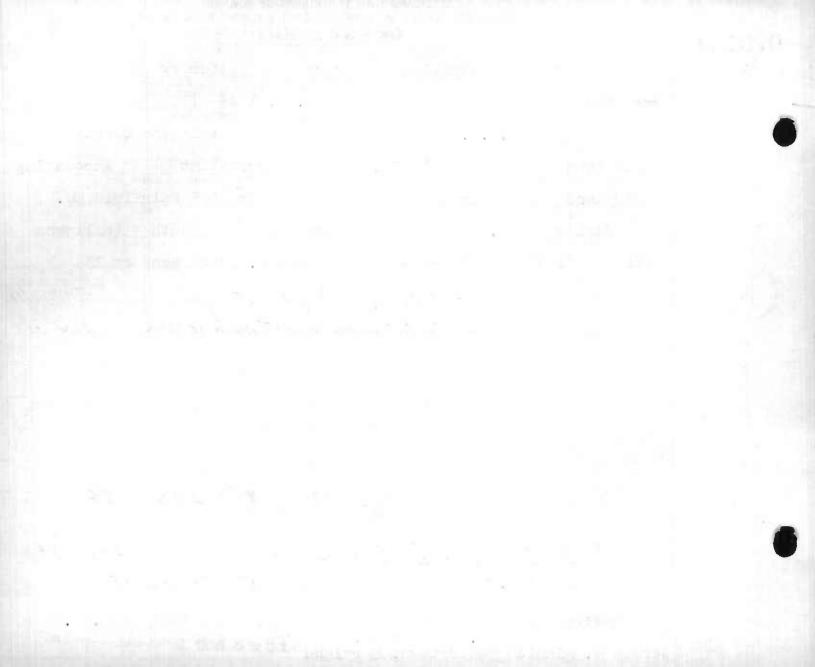
189-10-0074 Coulse V. Cambell Bagerstown, Md.

Lest Later Compley Lacerstonn, Realisten, Md. name or stoom, Md. A.K. Coffinan Puneral Home, Inc.

150270 payed and I seemed by the set of Part deliningto Magazine & Amor Marie House River Line 31 32 acc. Market & down Commented Fred a Little Forces Costes Merchan Forthwitten H. Plater was a sold - Single for the sold the



	1			D STATE DEPARTMENT OF		
				301 W. PRESTON STREET, BALT CERTIFICATE OF DEATH		2 8
0,201,34	1. DI	CEASED-NAME First	Middle	Last	2a. DATE OF DEATH	2b. HOUR
within 24 haurs after death. By filled in by the funeral pan papers. Pages 1 and 2 within 72 haurs after death.	(1	ype or print) Roger	Sterling	Byers	Feburary 8	Doy 1986 M
fun s l	3. SE		4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
s of the age rs of		Male	White	Sept. 4,	1946 Jost birthdoy) YE	
haurs haurs .	70. I	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
illed in papers.		Ohio	U.S.A.	WIDOWED DIVORCED	Washington (
completely filled over carbon pape y event, within [2]	I I	lagerstown	11. NAME OF HOSPITAL OR IN: give street oddress) 905 Fairf:	ield Road during m	AL OCCUPATION (Kind of wark dorn ast of working life, even if retired countant	
	13a. odm	USUAL RESIDENCE (Where decease ission). STATE	ed lived, if institution: Residence before 13b, COUNTY Washington	Hagerstown 13d. INSIDE CITY		ield Rd.
thny ev	14.	ATHER'S NAME First	Middle Lost	15. MOTHER'S MAIDEN NAME	First Middle	Lost
E/0	1	Harley	R. Byer:		Ruth	Tomlinson
n please	160	es, no, or unknown) (If yes give w	or or dates of service)		Address	
remova	H	ies viet			Byers same	APPROXIMATE INTERVAL
E .		PART I DEATH WAS CALISED	y one couse per line for (o), (b), and (c). BY:	4	1	BETWEEN ONSET AND DEATH,
5		IMMEDIA	TE CAUSE (a)Cararor	/.	57	3 minu19
100		Canditians, if any, which gave)	DUE TO, OR AS A CONSEQUENCE OF	tis malianest	melanoma	2 manths
cremation,	1	rise to immediate couse (o), stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF	110 mapanaris	Julia Maria	a mening
burial, crema		lost.	(c)			
		PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(o)	
brior to	- N	19a. DATE OF OPERATION 19b. (CONDITION FOR WHICH OPERATION WAS PE	RFORMED 20g. AUTOPSY?	Table is ver were simpling	GS CONSIDERED IN CERTIFYING
4	FICAT	170. DATE OF OPERATION 170.	CONDITION FOR WHICH OPERATION WAS PE	YES NO	CALISES OF DEATHS	33 CONSIDERED IN CERTIFIING
*	188	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		er noture of injury in Part 1 or Part	2. Item 18.)
diam'r	12	OR CONTRIBUTING CAUSE OF DEA	ATH HOUR A.M. Manth Day Year			
1	39W			CTORY.) 21f. LOCATION Street or R.F.D. No.	o. City or Town	County Stote
State			s hospital) ottended the deceos	ed fram $12/2$, 19.	85, ta 2/8,	19 6 6 , that (I) (we) last
with the S		saw the deceased al couses stated aboye	ive an, (I) (ye) (did) (did nat) view the	ed fram 12/2 , 19. 19 \$5 and that in (my) (aur) ap bady after death.	inion deoth occurred on the	date ond hour ond from the
		22b. SIGNATURE	ton Or	ATTENDING ATTENDING	MED. STAFF	22c. DATE SIGNED
pode -	1	22d. PHYSICIAN'S	-11/ Xac	22e ADDRESS	DIRECTOR L PHYS. L	0/01/0
should be fi		NAME (Type) STE	PHEN M. SACH	25 2391	V-Potomac 3	57-
non	23a	BURIAL, CREMATION, 23b. I	DATE 23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION (City or Tawn)	(County) (State)
6.00		Cremation 2	-10-86 Smiths	burg Crematory	Bmithsburg W	
VR A15 (4)		FUNERAL DIRECTOR	305 N. Botoma	c St.	RY REGISTRAR 256. REGISTRA	AR'S SIGNATURE
25m-1/70	Ge	erald N. Minr	id Hagerstown	Maryland		The state of the s



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENER

051198 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH DECEASED NAME Robertus February 11, 1986 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH male white October 11, 1910 75 M. BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED COUNTRY Washington Maryland USA 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Washington County Hospital furniture Hagerstown USUAL RESIDENCE (IN MURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
136 COUNTY 136. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 11 W. Baltimore St. Washington Maryland Hagerstown 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE Alvey Cook Maude Martin 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT (YES NO OR UNKNOWN) HEYES GIVE WAR OR DATEST No Irene B. Cook, Hagerstown, Md. 18 CAUSE OF DEATH (Enter only one couse per line for 1941, b), and ic PART I. DEATH WAS CAUSED BY Conditions, if ony, which cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse HER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 20b. IF YES, WERE FINDINGS LISED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 71b TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21s PLACE OF INJURY 211 LOCATION CITY OR TOWN (AT HOME STREET FACTORY, OFFICE FARM, ETC.) NOT WHILE int (1) (this hospital) attended the deceased from and that in (my) (our) opinion death accurred on the date and hour and from the causes stated MEDICAL ATTENDING STAFF DIRECTOR | PHYSICIAN 23a BURIAL, CREMATION, REMOVAL SPECIFYI Cedar Lawn Mem. Park Feb. 14, 1986 Hagerstown, Wash., Maryland burial 24 FUNERAL DIRECTOR BY REGISTRAR 256. REGISTRAR'S SIGNA PER JAMES MINNICH FUNERAL HOME

415 E. Wilson Blvd., Hagerstown, Md. 21740

DHMH - 16 60M 7/84 (VRA 15, 4)

4 The property of the commence o BROTE F. P.

FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1 -	REGISTRAR		CE	RTIF	ICATE OF DEATH	REG. NO	0.			
		CEASED NAME FIRST	MID	DIE	i.	AST		MONTH DA	YEAR	26 HOUR	
		ORPRINT) MYRT.	LE Iren	ie	C	σ×	Fe	·b 19	7 86	11 BM	
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6		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WE	HAT COUNTRY?	ARRIEI	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY C	OF DEATH		
3		Maryland	US		DOWE		WASH	1N9;	TON	MD.	
3	10 CI	TY OR TOWN OF DEATH		SPITAL, NURSING HE		OR OTHER INSTITUTION	120 USUAL OCCUPATE	ON JEEN ORKING LIEEL		F BUSINESS OR	
	HA	AGERSTOWN	10.101	ON MAN	VOK	2	housewif		INDOSTRI		
-	USUA 13a S	TATE 136 COUNTY		VE RESIDENCE BEFORE ADMI	SSIONI	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE			
7	Ма			Hagerstown	1	YES NO	860 Inter		ad	21740	
1		THER'S NAME	MIDDLE	tAST		15. MOTHER'S MAIDEN NAM	ME	7.022 200			
		John	MIDDLE	Myers		Florer	MIDDLE		M	oore	
		VAS DECEASED EVER IN U.S. AR		SOCIAL SECURITY	NO.	17 INFORMANT	ADDRE	SS Hage	erstow		
	(4	res, no or unknown) (IF yes, GI)	(E WAR OR DATES)	19-20-482	2	Mary Lee	Taylor, 704	_			
d		18 CAUSE OF DEATH Enter or	nly one cause per lin	ne for (a), (b), and (c)			, , , , , , , , , , , , , , , , , , , ,			MATE INTERVAL ONSET AND DEATH	1
ź		PART I. DEATH WAS CAUSE	TE CAUSE (a)	cytemyo	Cur	dop Infacti.	en To Conque	tive Fau		UNSET AND DEATH	
П	133	IMMEDIA		3			3				
H		Conditions, if any, which		AS A CONSEQUENCE		rotic Heart =	Dies.		1/2	me	
	7	gave rise to immediate				POALC IT WATER			1		
	0.3	couse (a), stating the underlying cause last.	DUE TO, OR A	AS A CONSEQUENCE	-	Laskin 94	- cool		1	A-Wat	
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7	IFIC	100					YES T NOT	IN CERTIFY	ING CAUSES	OF DEATH?	
1	CERT	210 ACCIDENT WAS UNDERLYING	216. TIME OF I			21c HOW INJURY OCCURR					
Ţ		OR CONTRIBUTING CAUSE OF DE	1111	MONTH DAY							
	MEDICAL	THE EITHER NOTIFY MEDICAL EXAMINES	P.M.	INJURY	19	211 LOCATION					
9	ME	WHILE NOT WHILE AT WORK	(AT HOME STREET	FACTORY, OFFICE FARM, E	TC)	STREET	CITY OR TO	WN	COUNTY	STATE	
		220 I certify that (I) (this hospi	tal) attended the a	leceased from		10 65	10 19 17	26 10	23	that (I) (we) last	
		saw the deceased alive an	13 Feb	19 860	on	nd that in (my) (aur) apinian a	death accurred on the do	ate and have o	and from the	couses stated	
		obove, (I) (we) (did) (did no 22b. SIGNATURE	tiview the body of	ter death.		DEGREE			22c DATE		
		200	to or	- m.	1.	ATTENDING	MEDICAL STAR	F C	20 F	A	
		224 PHYSICIAN'S NAME (TYPE C	OR PRINT)			22e ADDRESS	· PHYSIC	IAN	120,	CD 1784	9
		W. M. Fe	when			138. E. A.	+2 seton	Mari	roper	www.	711
-	23n B	URIAL, CREMATION, REMOVAL	123b. DATE	173, NAAA	OFC	EMETERY OR CREMATORY	23d LOCATION		4.9 4 4.0	1, 110 21	: 40
	- 61	specify	Feb. 22,			ill Cemetery	CITY OR TOWN	.m. 17-	COUNTY	STATE	
		NERAL DIRECTOR MINNI			: П.		Hagerston				
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DHMH - 16 60M 7/84 (VRA 15, 4)

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415 E. Wilson Blvd., Hagerstown, Md. 21740

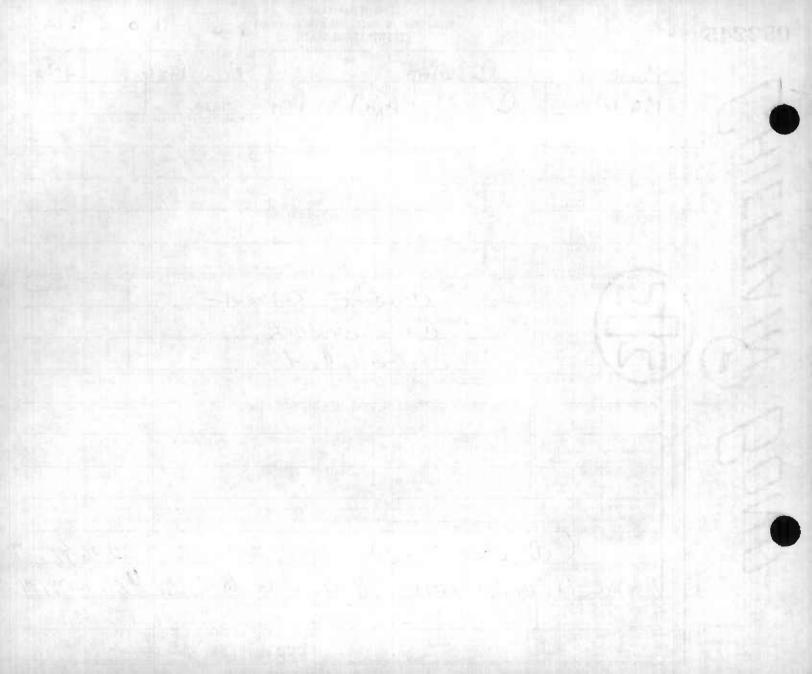
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070200	1.	FOR STATE REGISTRAR	DEPAR	RTMENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG FICATE OF DEATH	SIENB 6	0 6	2 2 1
ge 3 eoth		CEASED NAME FIRST MAE	Burkhart		RAM	20 DATE OF DEATH	2-21-	YEAR 26 HOUR 5
Page 4 may be I director, page 3 hours after death	3. SE	x female	4. RACE white	5. DATE O		6. AGE (IN YEARS LAST BIR	THDAY) IF UI MONT	NDER LYEAR IF UNDER 24 HRS HS DAYS HOURS MIN.
5 00 5		RTHPLACE (STATE OR FOREIGN COUNTRY) Mary Land	76. CITIZEN OF WHAT COUNTR USA	MARRIE WIDOWI	D NEVER MARRIED DED DIVORCED	9. BALTIMORE CITY O		DEATH
offer the f offied		agerstown	11. NAME OF HOSPITAL, NUR. (IF NOT IN SUCH FACILITY, GIVE STR Washington Cou	REET ADDRESS)		12a USUAL OCCUPATION OF WORK FOR MOST CONTROL STENOGRAPH	F WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY
24 have	13a S	STATE 136 COL	OR OTHER INSTITUTION GIVE RESIDENCE BEF JINTY 130. CITY OR TO Bhington Funks t	NWC	13d INSIDE CITY LIMITS? YES 27 NO [13e.STREET ADDRESS . 42 W. Ba	ZIP CODE	21734 St. 134
with with olete	14. F/	ATHER'S NAME FIRST Ermest E	Burkhart Emme	ert	15. MOTHER'S MAIDEN NA PRUTICE	WE	Во	teler
be executed comp. Pages for medical ex	(VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	ARMED FORCES? 166 SOCIAL SE GIVE WAR OR DATES) 220 09		17 INFORMANT Ruth Eavey	ADDRI	ESS	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ow requires that the death been signed by the arrive rmit. Then please remine a prior to buriol, cremation	TION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSECT (b) DUE TO, OR AS A CONSECT (c) CONDITIONS CONTRIBUTING T	S'ep QUENCE OF	NOT RELATED TO THE TERM	NIN AL DISEASE OR CON		IN PART LIO
hos hos	CERTIFICATION	Contract of		CITOPERATIO		YES NO	IN CERTIFYIN	G CAUSES OF DEATH?
PHYSICIAN: tending phys this certifica he buriol-frao nd Mental H	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D IN EITHER NOTIFY MEDICAL EXAMIN 210. INJURY OCCURRED WHILE AT WORK AT WORK	BEATH HOUR A.M. MONTH	19	216. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU		COUNTY STATE
SPITAL OR ATTENIOR by the hospital INERAL DIRECTOR: The detached for us the State Dept. of He STANI: if them 21 is		saw the deceased alive of	or yiew the body after death.		DEGREE ATTENDING PHYSICIAN [22* ADDRESS 1610 - OAK	MEDICAL STA	FF CIAN []	22c. DATE SIGNED
BP	24 F	BURIAL, CREMATION, REMOVA SPECIFY DUPLAL UNERAL DIRECTOR MINN		Rest H	aven Cemetery 250. DAI	23d LOCATION CITY OF TOWN	wn, Wasi	h., Mary land

DHMH - 16 60M 7/84 (VRA 15, 4)

MINNICH FUNERAL HOME

Wilson Blvd., Hagerstown, Md. 21740



44000	1.	FOR SIATE REGISTRAR		DEPARTA	NENT OF I	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 6 0 6	2 2 3
44060		CEASED NAME OR PRINT)	Carl	MIDDLE	CE	SR.	20. DATE OF DEATH MONTH DAY	YEAR 26 HOUR
TO DO	3. SE.	nale	4 RACE whit	te	S. DATE (6. AGE (IN YEARS LAST BIRTHDAY) IF IN MORE	UNDER LYEAR IF UNDER 21 HRS
Sont Parent direction of 172 hours		RTHPLACE (STATE OR FOREIG	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF Washington	F DEATH MD.
1199	ŀ	TY OR TOWN OF DEATH	Washins	ch Facility, Give Sireet	DDRESS)	or other institution spital	170. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126 KIND OF BUSINESS OR INDUSTRY
	130. 3		ome or other institution COUNTY I shi ngton	130. CITY OR TOW Hagersto	N	13d INSIDE CITY LIMITS? YES X NO [13e.STREET ADDRESS / ZIP CODE 11 Walnut Street	21740
and with		THER'S NAME FIRST Harry	D.	Crum		15. MOTHER'S MAIDEN NAMED FIRST Jennie	WIDDLE	Sisk
be execu-	(S. ARMED FORCES? YES, GIVE WAR OR DATES) J.W.II	214-09-95		Marie Crum,	Hagerstown, Maryl	and APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
squires that the death cer is signed by the otheraling Then please retrieve carbo to burial, crematical, or a njury, or other traumatic	NO	Conditions, if any, whi gove rise to immedia couse (a), stating t underlying couse lo	te he DUE TO, O st. (c)	OR AS TO SERVE	DEATH BUT	NOT RELATED TO THE TERM	HALDISEASE OR CONDITION GIVEN	IN PART I/o
N: The low re ysicion. cote hos been onsit permit. I Hygiene prior 8 shows ony it	CERTIFICATION	190 DATE OF OPERATION			OPERATIO	N WAS PERFORMED		
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TITAL OR ATTENDIN by the hospital or RAL DIRECTOR: A cletoched for use store Dept. of Heat NIT: If hem 21 is ma		274 SIGNIANDE DE		14	, o	DEGREE ATTENDING PHYSICIAN	to	., that (I) (we) lost and from the causes stated
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DHMH - 16 60M 7/84 (VRA 15, 4)		UNERAL DIRECTORMINN 415 E. Wilson	NICH FUNER	AL HOME	, Md.	21740 FE	B 1 0 1988 Falls Da	

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A.K. Coffman Funeral Home, Inc.

(VRA 15, 4)

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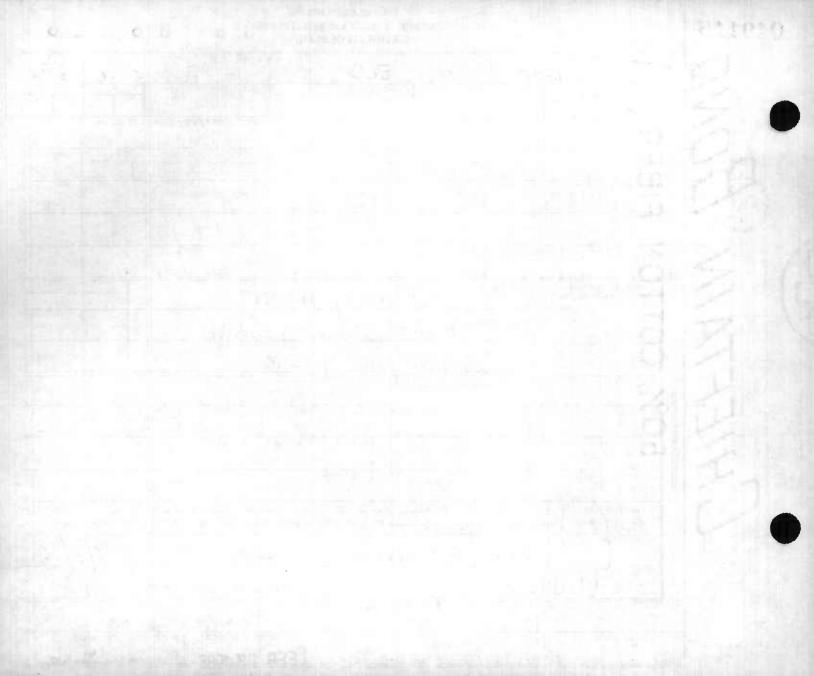
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ne /		EASED NAME DAN	MIDDLE			AST AST	20. DATE O	F DEATH MONTH	DAY YEAR	26 HOUR	
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4 m	1.5E	male	white		5. DATE O		6 AGE (IN	YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.	
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Color of the state	Pe	RTHPLACE (STATE OR FOREIGN COUNTRY) nnsylvania	76 CITIZEN OF WHAT CO	OUNIKT?	MARRIED	DE NEVER MARRIED		Shington	TOF DEATH	MD.	
1 11 1870	10. ⊂	TY OR TOWN OF DEATH	11. NAME OF HOSPITA			R OTHER INSTITUTION		OCCUPATION		OF BUSINESS OR	
1		agerstown	Washington	Coun	ty Ho	spital		& operato	,	ing rink	
(W) 85	13a. S	TATE 136 COU	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) UNITY 13c. CITY OR TOWN Hagerstown		13d. INSIDE CITY LIMITS	130.STREET ADDRESS / ZIP CODE 800 Park Road			21740		
W NI	_	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN	NAME	WIDDIE			
1 1/10	/	Adolph	MIDDLE	Eld		Ellen		WIDDLE	Johns	on	
ond condes		VAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOC	CIAL SECUE	RITY NO.	17 INFORMANT		ADDRESS			
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physics physics physics of col-trons it all Hyge pm 18 sh	_	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MC		Y YEAR	21c. HOW INJURY OCC	URRED (ENTERN.	ATURE OF INJURY IN ITEM 18	PART (OR PART 2)	Sal Men	
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y the howy the how was the how was the how was detoched to be best to be best to be best with the man was the best was the		226 SIGNATURE	Nouste	3	m	DEGREE ATTENDING PHYSICIAN	MEDICAL	STAFF PHYSICIAN	21c. DATE	FIR	
TO HOSPITAL etoined by the TO FUNERAL should be det with the State MRPORTANT:		22d. PHYSICIAN'S NAME (TYPE	OS JEN			1825 H	owell	RD HOG	8.1	N).	
7 5 7 2 8	23 a E	SURIAL, CREMATION, REMOVAL				EMETERY OR CREMATOR	CITY	ATION	COUNTY	STATE	
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(VRA 15, 4)	4]	5 E. Wilson Bl	vd., Hagerst	own,	Md. 2	21740 F	FR 134	OPE Tolian	Reindren 7	Boodelle	



Oriogoal	STATE OF MARYLAND					
070194 FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH	6	0	6	2	2
DECISTRAD	CERTIFICATE OF DEATH	•	-			- 17

		112 0 10 1111 111				REG. N	0.			
		CEASED NAME	WIDDIE		LAST	20 DATE OF DEATH	MONTH DAY	YEAR	25 HOUR	_
	Creek	Kate		F	MANIS		Feb 20	0 86	1015	0
1	1. SEX		TE HACE	5 DATE	OF BIRTH	6. AGE (IN YEARS LAST BIR	D	UNDER I YEAR	IF UNDER 24	HRS
		m	MIDNING SELECTION	MONT	H DAY VEAR			NIHS DATS	HOURS (MIN.
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9		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8	D NEVER MARRIED	9. BALTIMORE CITY	R COUNTY O	DEATH		
	Te	enneesee	U.S.A.	WIDOW	ED DIVORCED X	WAShi	2501	7		MD.
4	P C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS		OR OTHER INSTITUTION	12a USUAL OCCUPAT		12b KIND O INDUSTRY		SOR
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2	dsu ₄	AL PESIDENCE IN THE TOP COU	OTHER INSTITUTION, GIVE RESIDENCE BEFO			CTREET ADDRESS	. 7:0 0005	11	1-11	1
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	-	THER'S NAME	TOTACK PROGET	LOSE	15. MOTHER'S MAIDEN NAM			. 000	-	
1	4	\$185E	MIDDLE LAST		FIRST	WIDDLE		Bodd	1	
Ц		Elias	Evans		Martha	1000				
E		VAS DECEASED EVER IN U.S. AF	VE WAR OR DATES!		17 INFORMANT		Frede			•
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		18 CAUSE OF DEATH (Enter o	nly ane cause per line far (a), (b)	nd ic			100	APPROXI	IMATÉ INTERVA ONSET AND DE	AL
		PART I. DEATH WAS CAUSI	ED BY.	· · ·	in			5-	Lass-	
		IMMEDIA	TE CAUSE (a)					30	-	
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34	CERTIFICATION	190 DATE OF PERATION	196. CONDITION FOR WHICE		N WAS DEPENDATED	20g AUTOPSY?	20b. IF YES, V			
1	FFC.	THE BALL OF CHANGE	The condition of the write	TOPERATIO	NAS TENTORMED	204 2010131	IN CERTIFYIN			?
	RTI					YES NO	YES [NO 🗌	
6	E E	210. ACCIDENT WAS UNDERLYING	THOUSE A ME MONITHE C	AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	1 OR PART 2)		
P	AL	OR CONTRIBUTING CAUSE OF DE	AIR	19						
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	8	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS	Pomeeron El Timor				
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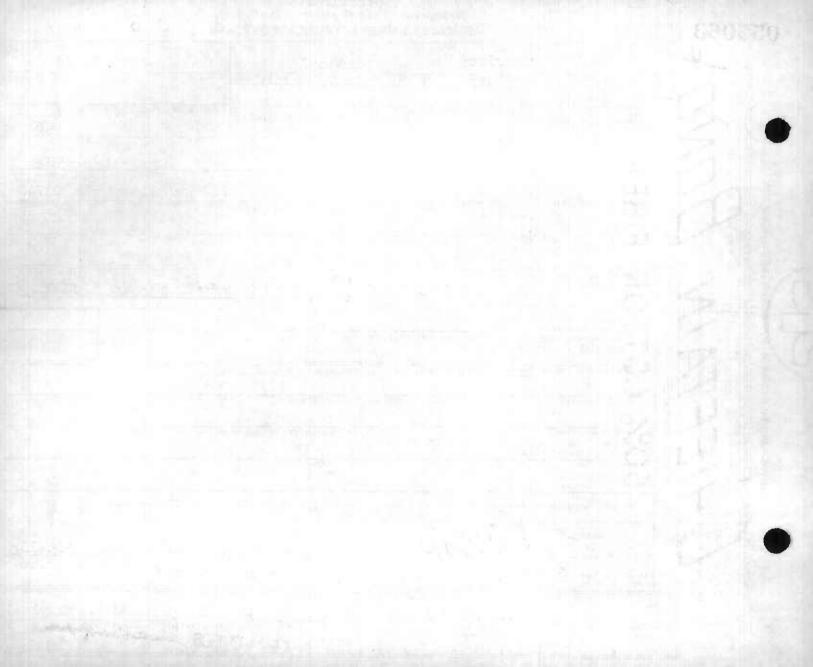
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)66101	-	REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	10.
e 70	TYPE	CEASED NAME FIRST ORPRINT) MINNIE WIA	LIMINA ALSDON	r FE	ASER	February	26 1986 15
ege 4 may tor, par after de	3 SE	x Female	White	5 DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIT	(THDAY) IF UNDER 1 YEAR IF UNDER 24 HR. MONTHS DAYS HOURS MIN YRS.
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mpletely and 2 sho	MF	Christian -	MIDDLE Alsdo	rf	15. MOTHER'S MAIDER FIRST Katheri		Lauber
Pages 1a		WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) IIF YES, G	ARMED FORCES? 166 SOCIAL SE (ME WAR OR DATES) 200-26-		17 INFORMANT Ruth Grof	f RD#4 Boyert	
physicia papers. I emoval.		PART I. DEATH WAS CAUS	only one cause per line for (a), (b), SED BY ATE CAUSE (a) CONQLA	. 1	Steant	Failure.	APPROXIMATE INTERVAL BETWEEN OMSET AND DEAT
v requires that the signed by the hen please remote to burial, cremity or other the signery, or other the signery the signer the signer the signer than the signer tha	No	gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A CONSEC (c) Oragan T CONDITIONS CONTRIBUTING T	vic B	rain Sur	ndrome. TERMINAL DISEASE OR COM	NDITION GIVEN IN PART 1(a)
ite has bee permit. The law permit. The law same are prior shows are shown as a shown a	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	ICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
inding physician and manager transit be burial-transit be burial-transit by and Mental Hyginsaked or I tem 18		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E 1 IF EITHER, NOTIFY MEDICAL EXAMINE	DEATH HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OC	CURRED (ENTER NATURE OF INJI	JRY IN ITEM 18, PART 1 OR PART 2)
After this the burille and Minarked o	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	CE, FARM, ETC)	21f LOCATION STREET	CITY OR 10	WN COUNTY STATE
ospital or a IRECTOR: id for use a pt. of Heal		above, (1) (we) (did) (did	spital) attended the deceased from February 26 19 not) view the body after death.	m June 986 o		nion death accurred on the	Tate and hour and from the causes stated
7 0 9 9 4		226 SIGNATURE	2 Melint	no		MEDICAL STA	AFF CIAN
TO HUSPITAL fetained by the I TO FUNERAL I should be detack with the State D IMPORTANT: I		John R.	Melnick		Ga	5220 Frederic	
BP 99	(BURIAL CREMATION, REMOVA			emetery or cremato urg Cremato	orium Smithsbur	g Washington Maryla
DHMH-16 25M (VRA 15, 4) 1/79		jor M. Osborne	Williamsport, N	4D 2179		MAR 5 1986	2251. REGISTRAR'S SIGNATURE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 055063 MEDICAL EXAMINER'S CERTIFICATE REGISTRAR DECEASED NAME O DATE KNOWNX MONTH TYPE OR PRINT) Henry ESTI-Harrison S NECC.
E FUNERAL DIRECT.
JE 5 FOR YOUR FILES.
LED, WITHIN 72 HOUAS DEATH MATED Feb. 12.86 Fitzgerald 3 CESSARY, PLEAS JERAL DIRECTOR AGE (IN YEARS | IF UNDER 1 YR 2d HOUR 4. RACE 2c. DATE PRONOUNCED Feb. 27, 1939 DEAD white 46 male. 9 BALTIMORE CITY OR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? THE BIRTHPLACE (STATE OR MARRIED & NEVER MARRIED FOREIGN COUNTRY Washington Maryland USA DIVORCED FILED, 176 KIND OF BUSINESS O CITY OR TOWN OF DEATH IT. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a, USUAL OCCUPATION (TYPE OF WORK piece working (IFE) leather Washington County Hospital 2, AND 3. RETAIN PA 2 SHOULD BE F Hagerstown ISUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 457 Mitchell Avenue 21740 Washington Hagerstown YES K Maryland 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE Fitzgerald Irene Henry Η. DIVISIONO 7 INFORMANT ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. (IF YES, GIVE WAR OR DATES) Philip Griffith, Hagerstown, Md. 215-34-4070 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY shot wound into lower abdomen Self-inflicted sudden (code E955) DUE TO, OR AS A CONSEQUENCE OF ED AS A BURIAL - TRANSIT HEALTH AND MENTAL HY Conditions, if onv. which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIG WRITING THE WOLL WARDED TO THE CHIEF A PAGE 3 SHOULD BE USED STATE DEPARTMENT OF HE DEPARTMENT OF HE STATE DEPARTM 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21a PLACE OF INJURY (AT HOME. 21f. LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) CITY OF TOWN COUNTY STATE WHILE AT WORK EXECUTE THE CERTIFICATE, WRII PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE I X Autopsy 22a I certify that I taak charge of the remains described above, held an Inspection Suicide X Homicide Undetermined manner death resulted from TITLE (SPECIFY) Deputy MEDICAL EXAMINER Feb. 13. SIGNATURE 3ALTIMORE, 1986 Hagerstown, Maryland 21740 EXAMINER'S NAME Howard N. Weeks, M.D. 23d LOCATION 230.BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY Williamsport, Wash., Maryland Feb. 15, 1986 Greenlawn Mem. Park burial 07/B4 25M 24 FUNERAL DIRECTOR MINNICH FUNERAL HOME

415 E. Wilson Blvd., Hagerstown, Md. 21740

DHMH - 17

(VR A15 ME (5))



078	1.	FOR STATE REGISTRAR				MENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	REG. NO		3 0
# 8		CEASED NAME	AROL		MIDDLE Lee		2MONG	Pebruary	25, 1986	AR 2b HOUR
rs ofter de	3. SE	male		white		5 DATE O		6 AGE (IN YEARS LAST BIR	YRS YRS	DAYS HOURS MIN.
35		RTHPLACE (STATE OR F	OREIGN	USA	WHAT COUNTRY?	WIDOWI		BALTIMORE CITY O Washin	_	MD.
11	На	agerstown	112	Washin	ton Coun	ty Ho	spital	120 USUAL OCCUPATION OF WORK FOR MOST OF PAINTE	F WORKING LIFE) INDUS	ND OF BUSINESS OR STRY
18	130 S	at residence (# nurs state aryland	13b COUN		Hagerst	N	13d. INSIDE CITY LIMITS? YES X NO		zip code ale Street	21740
34	14. F/	Frank	,	MIDDLE	Garmong		Stella	MIDDLE		LAST
Poge medic	- (VAS DECEASED EVER YES NO OR UNKNOWN) ES		WAR OR DATES)	218 24 9:		Harold C. Ga	rmong, II,		
ed by the attending iplease remove corbarriol, cremation, ar ret or other fraumatic ev		Canditions, if any, gave rise to immercause (a), statin underlying cause	which nediate ig the last	DUE TO, C	R AS A CONSEQUE	NCE OF	emonis		=1,	
permit. Then ne prior to bu	CERTIFICATION	190 DATE OF OPERA	31/1			No. of	IN WAS PERFORMED	200 AUTOPSÝ?	206 IF YES, WERE FI	INDINGS USED
uriol-tronsit tentol Hygie Hem 18 sho	MEDICAL CERT	210. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DEA	TH HOUR A	.M. MONTH DA M.	YEAR	21c. HOW INJURY OCCUR			
frer this os the but th and M	WED	21d. INJURY OCCUR	OLE		OF INJURY REET, FACTORY, OFFICE, F	ARM ETC }	211 LOCATION STREET	CITY OR TO	WN COUNT	Y STATE
for use of Heolin	3	22a.1 certify that (1) saw the decease above, (1) (we) (c					nd that in (my) (aur) apinian	death accurred an the do		that (It (we) last the causes stated
RAL DIRE		22b. SIGNATURE	176-	- slc	ul			MEDICAL STAI DIRECTOR PHYSIC	2	126/86
O FUNE hould be with the S		ABDUL		teed.	un		1610 - OAK	Ar(NE.	HAG MI	21740

23c NAME OF CEMETERY OR CREMATORY

BP. DHMH - 16 60M 7/84 (VRA 15, 4)

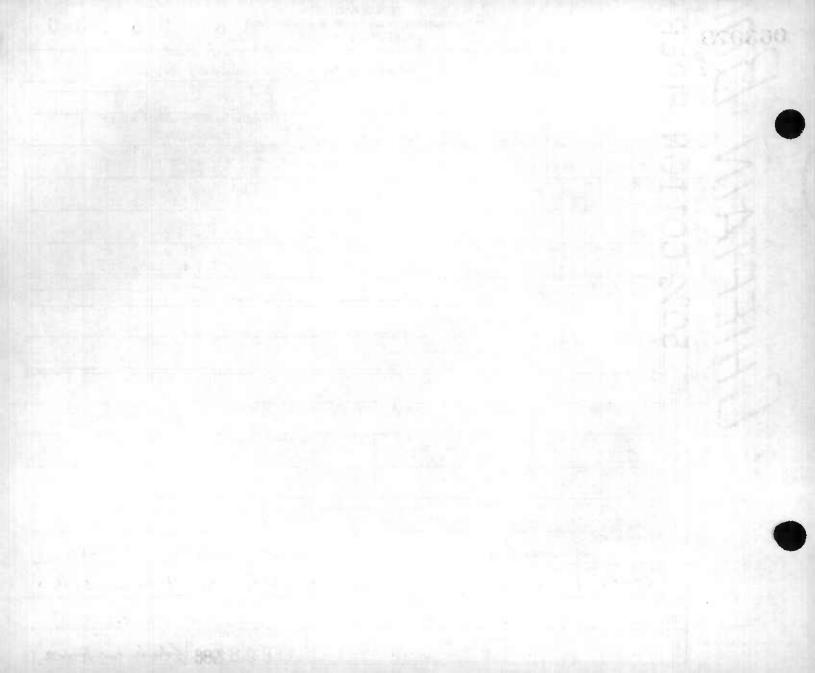
230 BURIAL, CREMATION, REMOVAL

burial

24 FUNERAL DIRECTOMINNICH FUNERAL HOME 415 E. Wilson Blvd., Hagerstown, Md. 21740

23d LOCATION
CITYORTOWN
Hagerstown, Wash., Maryland Feb. 27, 1986 Rest Haven Cemetery 250. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE

Letia Davidson



415 E. Wilson Blvd., Hagerstown, Md. 21740

(VRA 15, 4)

STATE OF MARYLAND

HER LOTTE STATE STATE STATE OF THE STATE OF

injury, or other troumotic event,

IMPORTANT: If them 21 is morked or Item 18 shows any

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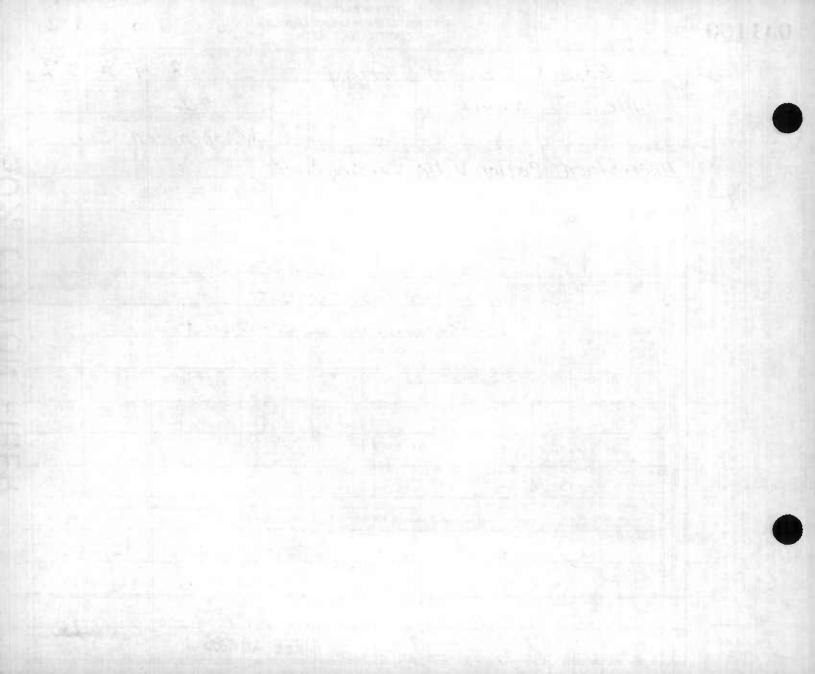
STATE OF MARYLAND	
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DEPARTMENT OF HEALTH AND MENTAL HYGIENES

	REGISTRAR				CEKITF	ICAIE OF DEATH	REG. N	0.		
	CEASED NAME	FIR51	1 /	WIDDLE	1	AST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
	Ed	ward	1 1	3,	(-	ray		d 4	86	7 BM
3 SE	x no a l		4 RACE		5. DATE C		& AGE IN YEARS LAST BIR	THDAY) IF (UNDER I YEAR	HOURS MIN.
1- 81	INTHILE ISTATE OR F		Nec	WHAT COUNTRY?	02	02 1914	/ 6	U YRS	EDEATH	
	IRTHPLACE (STATE OR F COUNTRY)	ORE IGN	76 CITIZEN OF S	WHAT COUNTRY?	MARRIE	D NEVER MARRIED DIVORCED	BALTIMORE CITY O	na ton	Co) MD.
0. CI	ITY OR TOWN OF DEA	тн		HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATI	ON ORKING HEE	126. KIND C	F BUSINESS OR
6	AARESIDENCE (IF NURS	on	Colto	nVilla	NU	rsing Center	Mechani	C	Truc	king
ila S	MD MD	136 COUN	lerick	Frederi	N .		DESTREET ADDRESS 5811 Tobe	ry Rd	, 21	701
7	ATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	ME		LAS	ī
_	ERCY WAS DECEASED EVER	LE		GRAY		VIRGIE		INIA	5- 500	LL
	YES NO OR UNKNOWN)	(IF YES, GIVE	E WAR OR DATES)	16b SOCIAL SECU		17 INFORMANT	ADDRE	frede		•
	YES	WWI				David B. O	ffutt 581	1 Tobe	ery R	d.
	18 CAUSE OF DEATH PART I. DEATH W				1		+		BETWEEN	IMATE INTERVAL ONSET AND DEATH
		IMMEDIAT	E CAUSE (a)		mal	ac cora	21			
	CI'		DUE TO, OI	R AS A CONSEQUE	NCE OF	lascala, a	caident			
	Conditions, if ony, gove rise to imn	nediote	(b)_			rescours es	caug			
	couse (a), statin underlying couse		DUE TO, OI	R AS A CONSEQUE	NCE OF					
	PART 2 OTHER SIGN	NIFICANT C	ONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 1	0
NO										
CERTIFICATION	190 DATE OF OPERAT	NOI	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, VIN CERTIFYIN	NG CAUSES	NGS USED S OF DEATH?
CERT	21a. ACCIDENT WAS UND	DERLYING				21c. HOW INJURY OCCURE				110
	OR CONTRIBUTING C			M. MONTH DA	AY YEAR					
MEDICAL	214 INJURY OCCURE		21e PLACE	OF INJURY		211 LOCATION	CITY OR TO	ha/hi	COUNTY	STATE
¥	WHILE NOT WH	ILE .	(AT HOME STR	EET, FACTORY, OFFICE F	ARM, ETC)	214551	Cirronio	***	COOKIN	STATE
	22a.l certify that (1)	(this hospit	tol) ottended the	e deceosed from_		. 19	, to	. 19.		that (II (we) lost
	sow the decease above, (1) (we) (a	d olive on,	I) view the body	ofter deoth	, or	nd that in (my) (our) opinion o	death occurred on the de	ote and hour or	nd from the	couses stoted
	276. SIGNATURE	0	01	,		DEGREE	1		22c DATE	SIGNED
		1.0	1400	9	wil		MEDICAL STAL	IAN []	2/4	86
	22d. PHYSICIAN'S NA					77e ADDRESS	TT 4 7 7 A	IVaas	7 17	MD
	Abdul W		α				Hill Ave.	, nage	ELSTO	wii, FiD
23o E	BURIAL, CREMATION,	REMOVAL	236 DATE	23c N	NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	c	OUNTY	STATE
24.5	BURIAL		2/7/8			ven Mem, Ga		rick F		rick MD
24 FL	UNERAL DIRECTOR (. Do	uglas	Stauffe	r	FED 250 DAT	06 1986	ZSB. REGISTRA	Pro de	obreac
1 1	621 Annes	num to	TIN Dil	o Frad	onio	I MD	0			

1621 Opossumtown Pike, Frederick, MD

DHMH - 16 60M 7/84 (VRA 15, 4)



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DHMH - 16 50M 1/B1 (VRA 15, 4)

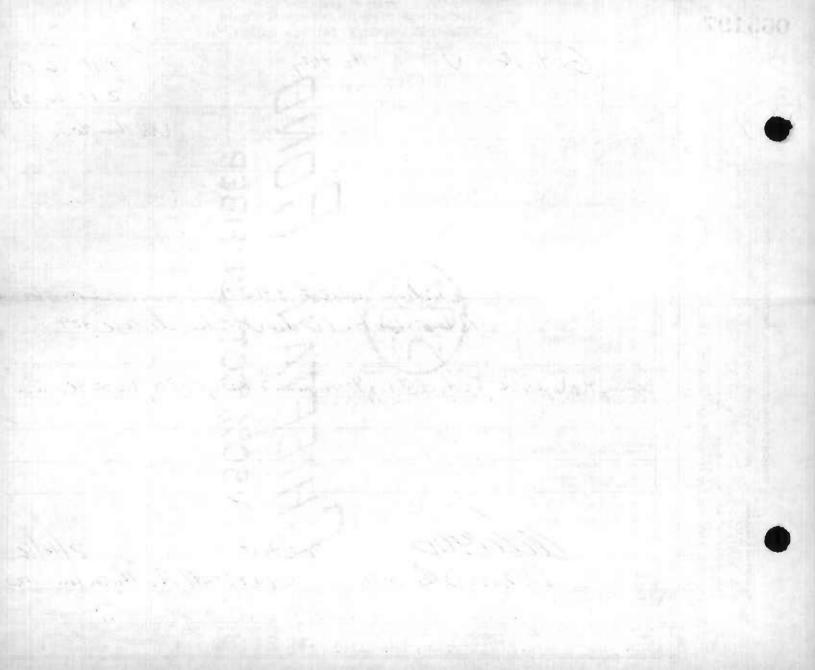
24 FUNERAL DIRECTOR Anatomy Board

ADDRESS Balto., Md.

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNA

The state of the second second

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 065197 - STATE REGISTRAR DECEASED NAME 20 DATE KNOWN MONTH Virginia (TYPE OR PRINT) Hartley OF DEATH MATED 3 SEX DATE OF BIRTH IF LINDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED female. white August 16,1901 DEAD 84/RS Th. CITIZEN OF WHAT COUNTRY To BIRTHPLACE (STATE OR P BALTIMORE CITY OR COUNTY OF D MARRIED NEVER MARRIED FOREIGN COUNTRY) USA Virginia WIDOWED X DIVORCED W. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY Colton Villa Nursing Home housewife Hagerstown SUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 134 INSIDE CITY LIMITS 13e STREET ADDRESS Maryland Washington 320 N. Mulberry St. Hagerstown YES TO NO EATHER'S NAME 15. MOTHER'S MAIDEN NAME Offenbarger Luther Rosella C. Dofflemver AS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFRICATION E. Hartley DORESON of 212-14-7175 Gertrude Hartley Hagerstown. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). APPROXIMATE INTERVAL PART I DEATH, WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate DUE TO, OR AS A CONSEQUENCE OF couse (a) stating the underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) MER: Th...
(CATE, WRITIN...
E FORWARDED TO ...
R. PAGE 3 SHOULD BL...
TE DEPARTMENT.OF
"*!OR TO BUR! YES [71a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21f LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE AT WORK TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE DAGE, MARYLAND, 21201 22a. I certify that I took charge of the remains described above, held on ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY burial Feb. 20, 1986 Rose Hill Cemetery Hagerstown, Wash., Maryland 24 FUNERAL DIRECTOR MINNICH FUNERAL HOME 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** July Bridger Ganda 415 E. Wilson Blvd., Hagerstown, Md. 21740 (VR A15 ME (5))



DHMH - 16 60M 7/84

BP.

24 FUNERAL DIRECTOMINNICH FUNERAL HOME E. Wilson Blvd., Hagerstown, Md. 21740 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL

[SPECIFY]

burial

23t. NAME OF CEMETERY OR CREMATORY Feb.5, 1986 | Rock Cave Cemetery

Upshur,

COUNTY

STATE

W. Va.

25g. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

23d. LOCATION

STATE OF MARYLAND

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065058	FOR 1 - STATE REGIST	RAR			DEP	ARTMENT OF	HEALTH AND N	MENTAL HYGI	ENB 6	O REG. NO.	6 2	3	8
nay be page 3	I. DECEASED (TYPE OR PRINT) 3. SEX	VAME	FIRST	Mar A RACE	tin N	5. DATE	6/s/ig	en	20. DATE OF D			61	HOURO 6 Z A M NDER 24 HRS
4 to the	/	ale		white			ary 23,	1902	84		RS.	DAYS HOL	JRS MIN.
1 mg 1 mg 5 5 5		arylan	d	US		MARRI		ORCED	9. BALTIMORE	CITY OR COL	,	TH C	MD.
Of the table		agerst	own	Washin	gton Co	unty Ho		NOITUTI	(TYPE OF WORK FO OWner	CUPATION or MOST OF WORKI Operat	NG HEEL INDIA		siness or arket
NND 212	Maryla Maryla		136 COUN	OTHER INSTITUTION ITY	13t. CITY OR 1		134 INSIDE CIT	TY LIMITS?		DRESS / ZIP C		ing R	d. 2174
MARYLA MARYLA	14 FATHER'S			WIDDIE	lsinger			MAIDEN NAM	E	AIDDLE	Mey	LAST	
MORE, In and call		EASED EVER	IN U.S. AR	MED FORCES? E WAR OR DATES)	166 SOCIAL S 220-16	ECURITY NO.	17 INFORMAN			ADDRESS			Md
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2 RATTENDING PHYSICIAN: The low requires that the death certificate be executed within the haspital are oftending physician. RECTOR, After this certificate has been signed by the ottending physician and computes the factor use as the burial-transit permit. Then please remove corban papers. Pages 11 and medical eye, of fleath and Mental Hygiene prior to burial, cremation, ar removal.	WEDICAL CERTIFICATION Condition Condition	OTHER SIGN OF OPERA O	which mediate go the lost. WIFICANT COLORS OF DEAL CALLERAMINER! RED (this hospit	DUE TO, C (b) DUE TO, C (c) ONDITIONS C 19b. COND 21b. TIME HOUR A P 21e. PLACE (AT HOME, S1	OR AS CONSE	EQUENCE OF COURSE OF COURS	was perfor	Vocele URY OCCURRE N	20a AUTÓPS YES N D (ENTER NATUR	R ONDITION P GLIL Y? ZOB. II TO CE OF INJURY IN ITEA	GIVEN IN PA	INDINGS L USES OF D NO	USED PEATH? D (we) lost st stoted
TO HOSPITAL Cretoined by the TO FUNERAL should be detact with the State D IMPORTANT: #	23a. BURIAL, C	PEMATION,	111	23b. DATE	MB I	23¢ NAME OF (22e ADDRESS	TENDING HYSICIAN BY	Be 23d LOCATRO	Hyes	Laur	113/ M	186) 21740
ВР	buria						ding Ce			stown,			yland
DHMH - 16 60M 7/B4 (VRA 15, 4)	415 E				NERAL H gerstow		21740	FEB	20 19	STRAR 256. RE	SISTRAR'S SIC		12 "



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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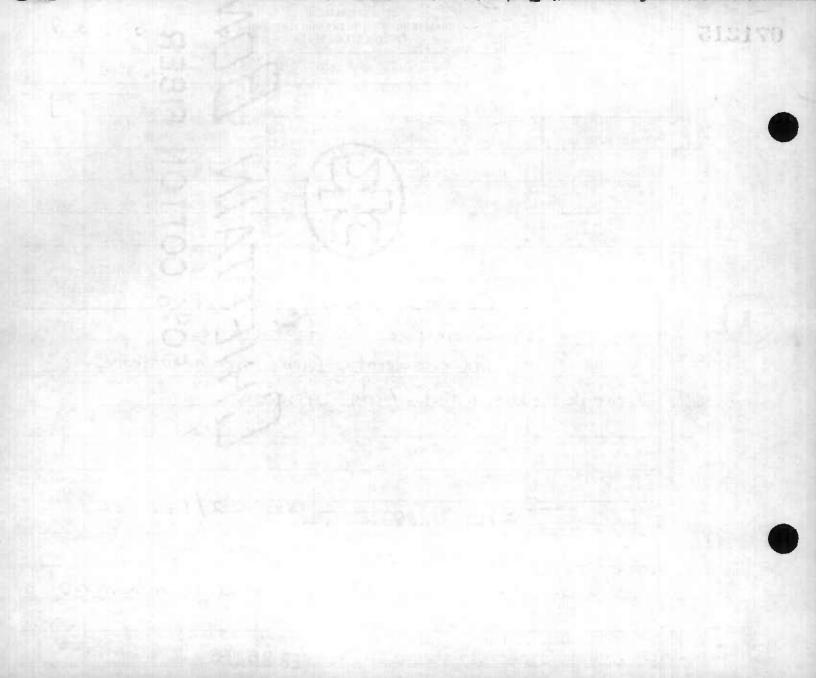
DEPARTMENT OF HEALTH AND MENTAL HYGIENES
CERTIFICATE OF DEATH

6		0	6	2	3	-
	REG. NO).				

L	REGISTRAR		CINTIL OI		REG. NO			
	L DECEASED NAME FIRST John	Harlan	HORNBAKE	R, SR.	February	19,	1986	26 HOUR
1	3 SEX	4 RACE	5. DATE OF BIRTH	AEVD	6 AGE (IN YEARS LAST BIRTH	(DAY)	IF UNDER I YEAR	IF UNDER 24 HRS
1	male	white	May 13,	1906	79	YRS		
	To BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER	MARRIED -	9 BALTIMORE CITY OF			
4	Pennsylvania	USA		NORCED [Washin			M
	Williamsport	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE Homewood Ret	irement Villa		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Physician	WORKING L		of Business of
7			nsport YES	NO 🗌	13e.STREET ADDRESS / 2750 Virg			21795
	George	H. Hornba	ker Sa	S MAIDEN NA.	MIDDLE		Whitmo	
		RMED FORCES? 166 SOCIAL SEC			ADDRES			
	No		Mrs.	Elizab	eth Hornbak	er,		Sport, 1
177	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost PART 2 OTHER SIGNIFICANT Chronic 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	107	DEATH BUT NOT RELATE	disco	OVOSCULAR INAL DISEASE OR COND 75-E 200 AUTOPSY? YES NOW	20b. IF YE	VEN IN PART 1	
1		HOUR A.M. MONTH D		VJURY OCCURI	RED (ENTER NATURE OF INJURY	IN ITEM 18	PART I OR PART 2)	
	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE	FARM, ETC.) 211 LOCATO		CITY OR TOW	7	COUNTY	STATE
	sow the Peosed alive or	n 19 19 19 19 19 19 19 19 19 19 19 19 19	Cx/	19.8 4	, to	le and ha	ur and from the	
-	THE MITS ICIAM'S NAME THE	orprinti Newman I	1270 ADDRE		DIRECTOR PHYSICI	AN 🗌	tarna 1	A40
+	230 BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR	CREMATORY	23d LOCATION	gers	10001,1	٠٠.
	(SPECIFY) Cremation	Feb. 20, 1986	Smithsburg		CITY OR TOWN	sbur	COUNTY Was	h. Md.
1		INICH FUNERAL			E REC'D. BY REGISTRAR 2	Sh PEGIS	TRAP'S SIGNIAT	TIDE
1	NAME	Ivd., Hagerstow		O CED	6 4086	انتاله ما	idoon-Park	della "
4		,			THE REAL PROPERTY.			

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.



055082	1.	FOR STATE REGISTRAR	DEPAI	RTMENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	GIENES 6 REG. NO.	6240
oge 4 may be rector. page 1	3 SE	male	ranklin Caucasiar	S. DATE OF BIRTH MONTH DAY YEAR 4 - 4 - 28	6. AGE (IN YEAR LAST BIRTHDAY)	RS O 12 50 M
deoth. Pr		COUNTRY)	TO CITIZEN OF WHAT COUNTR USA 11. NAME OF HOSPITAL, NUR (IF NOTIN SUCH FACILITY, GIVE STR	MARRIED NEVER MARRIED WIDOWED DIVORCED SING HOME OR OTHER INSTITUTION	9 BALTIMORE CITY OR COL WAS NOT 120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORK	INGTON MD.
orepteen Alled to and 2 strong	130	ATHER'S NAME	TY 13c. CITY OR TO	ORE ADMISSION)	MIOOLE	
e be execution and control of the medical		VAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) IF YES, GIVE 18 CAUSE OF DEATH (Enter only	war or pates) a12.	24726 Mrs Margare	ADDRESS	837 Lanvale St. Hagerstown, Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
requires that the death certificaters signed by the ottending phy. Then please remove corbonpo or to burial, cremation, or remove y injury, ar other troumotic event	FICATION	PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if any, which gave rise to immediate cause (air, stating the underlying couse last. PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSECTION DUE TO, OR AS A CONSECTION DUE TO, OR AS A CONSECTION (c) CONDITIONS CONTRIBUTING TO	QUENCE OF GLASH SYNCHOLOGY PLANTS OF THE TERM ODEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	19 year 19 year 19 year
N: The low sysician. Cote has be consit permit Hygiene prij	CERTIFICA	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	CH OPERATION WAS PERFORMED	206 AUTOPSY? 206. IN CI	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO NO
NG PHYSICIAN attending physicians the burial-traph ond Mental briked or Hem 13	MEDICAL	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE AT WORK AI WORK	H HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	DAY YEAR 19 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
TAL OR ATTENDIR y the haspital or AAL DIRECTOR: A detrached for use for Dept. of Heal If Hem 21 is mo		220.1 certify that (I) (this hospital saw the deceased alive an abave. (I) (worldw) (did not 122b SIGNATURE	view the body after death.	DEGREE ATTENDING PHYSICIAN	death accurred an the date and	22c. DATE SIGNED
TO HOSPITAL retoined by t TO FUNERAL should be de- with the State IMPORTANT:	23a F	Edison B. Mo	ody, M. D.	22e ADDRESS		740
BP		Burial	2-19-86	Boonsboro Cemetery	Boonsboro	Wash, Co., Md.
DHMH - 16 60M 7/84 (VRA 15, 4)		ohn H. Bast, Jr	. Boonsboro,	Md. 21713	RES D BY REGISTRAR 256. RE	GISTRAR'S SIGNATURE

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND

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Scenario Scenario Contrato Scenario Co., Ma.

Silson B. Brewer S. . . Saguratoun, Maryland 277qD

.cm E. 3.m., Jr. 300785070, L. 21715

063087

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENS

06241

FOR STATE REGISTRAR		DEPART		ICATE OF DEATH	0	0 6 EG. NO.	2 4	
I. DECEASED NAME FIRST (TYPE OR PRINT) Jean El		Johnst		AST	20. DATE OF DE.	uary 26 1986		2b. HOUR
1 SEX Female	4 RACE Caucasia	n	April	14 1894 YEAR	6. AGE (IN YEARS			HOURS MIN.
7a BIRTHPLACE STATE OR FOREIGN COUNTRY)	7h CITIZEN OF United S	what country?	8. MARRIE WIDOWE	NEVER MARRIED DIVORCED	9 BALTIMORE O	n County	OF DEATH	MD.
10 CITY OR TOWN OF DEATH		HOSPITAL, NURSING FACILITY, GIVE STREET ON COUNTY H		DR OTHER INSTITUTION	120 USUAL OCC 11YPE OF WORK FOR Ionemaker	UPATION MOST OF WORKING LIFE		BUSINESS OR
USUAL RESIDENCE (IF NURSING HOME 130 STATE Maryland Jashi	LINTY	GIVE RESIDENCE BEFORE 13. CITY OR TOW Hagerstow	/N	13d INSIDE CITY LIMITS?	13 STREET ADD	RESS / ZIP CODE d Drive	2	21740
John Leckie Gardiner	WIDDLE	LAST		Maria Dunlop	MI	DDLE	LAST	
160 WAS DECEASED EVER IN U.S. (YES NO OR UNKNOWN) (IF YES	ARMED FORCES? GIVE WAR OR DATES	215-10-72		17 Mayor Hobert S. 49 Emerald Dri		rodress Hagerstown		21740 ryland
Canditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN	(b)	r as a conseoul	ENCE OF	NOT RELATED TO THE TERM	and o	hyfar th	EN IN PART Tra	
90 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING				NOT RELATED TO THE TERM	200 AUTOPS	72 20b. IF YES,	, WERE FINDING	
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LEFTHER NOTIFY MEDICAL EXAMINATION OF COURRED	DEATH HOUR A	DE INJURY .M. MONTH DA M. OF INJURY	AY YEAR	21c. HOW INJURY OCCUR		OF INJURY IN ITEM 18 PA		NO []
NOT WHILE AT WORK		REET, FACTORY, OFFICE, F	FARM ETC)	STREET	CI	TY OR TOWN	COUNTY	STATE
220. I certify that (1) (this ho saw the deceased alive above, (1) (we) (did) (did) 22b. SIGNATURE	on nat) view the bady	after death.	, a	, 19	MEDICAL DIRECTOR 1	the date and hour		
URIAL, CREMATION, REMOVE	23b. DATE			emetery or crematory	23d LOCATIO	N DWN HOWE	ard Mar	rvland [®]

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR LOTING Byers Funeral Directors, Inc. 8728 Liberty Road Randallstown, Maryland 21133

250 DATE REC'D. BY REGISTRAR 250, REGISTRAR'S SIGNATURE
FFR 2. 8 1086 Julia Buridon-Randese.

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	SATES DEPOSIT OF	# 8001-01-01-01-01-01-01-01-01-01-01-01-01-		

045143	j.	FOR STATE REGISTRAR		DEPART	MENT OF H	OF MARYLAND EALTH AND MEN ICATE OF DEAT		ENE 6 PREG. NO.	6 2 4	2
		CEASED NAME FIRST	,	MIDDLE	i	AST		20. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
7 75	{ I YPE	Kathryn,	Fri	end	Jor	nes		February	6, 1986	9:25am
	3. SE	X The state of the	4 RACE		5. DATE O	100	00	AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
-115	/	Female	Caucas	ian	7 MONTH	1 XX	888	№ 96 yrs	MONTHS DAYS	HOURS MIN.
8 99 126	7n. 81	ATHPLACE (STATE OF FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER MARK	RIED T	9. BALTIMORE CITY OR COUN	TY OF DEATH	
122		Maryland	United		WIDOWE	DIVOR	CED 🗌	Washington		MD.
1 11 /0/	10 CI	TY OR TOWN OF DEATH	11. NAME OF H	HOSPITAL, NURSII	ADDRESS)	R OTHER INSTITUT	ION	128 USUAL OCCUPATION		BUSINESS OR
8 7 9	2	Hagerstown		Garloc	k Memo	orial		R.N.	Nursi	ng
Trans.	Ma		exphanter Exphanter	GIVE RESIDENCE BEFOR	Sville	IM. INSIDE CITY LI YES [7] NO IS MOTHER'S MA			DE 417 Oa	k St.,
1 100 // (-	William, Ed	dward	Friend		Sarah		MIDDLE	Cunningh	ıam
A STATE OF THE STA		VAS DECEASED EVER IN U.S. A		166 SOCIAL SECT		17. INFORMANT		ADDRESS D	.0. Box 5	
OM TO THE THE		res, no or paknown) (IF YES, (GIVE WAR OR DATES)	222-05-	4589	Susan P.	Dors		kstown. M	
BALT only		18. CAUSE OF DEATH (Enter	anly one cause per	line far (o), (b), ar	nd (ch.)				APPROXIM BETWEEN O	NATE INTERVAL NSET AND DEATH
ST.		PART I. DEATH WAS CAUS IMMEDI	SED BY: ATE CAUSE (o)							
No de maior de son de s			DUE TO, OI	R AS A CONSEQU	ENCE OF	1 - 5	-			
REST dec office office froun		Conditions, if any, which gave rise to immediate	(b)		5	11 Cra/2		VA	1 de	1
W the state of		couse (a), stoting the underlying couse last.	DUE TO, OF	R AS A CONSEQU	ENCE OF	1	10			1
and the please of the colors o	V.	PART 2 OTHER SIGNIFICANT	(6)	NITE IN IT IN IC TO	DEATH BUT	1750	15		Yes	,
guille guille gury	Z	PART 2 OTHER SIGNIFICANS	CONGILIONS CC	DNIKIBUTING TO	DEATH BUT	NOI METATED TO I	THE TERMIN	NAL DISEASE OR CONDITION C	SIVEN IN PART 110	
00	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATION	WAS PERFORME	D	20a AUTOPSY? 20b. IF Y	ES, WERE FINDING	GS USED
A State of A	RTIF							YES NO	YES 🗌	NO NO
AN A	16	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		FINJURY M. MONTH D	AY YEAR	21c. HOW INJURY	OCCURRE	D (ENTER NATURE OF INJURY IN ITEM I	B PART I OR PART 2}	
PHYSICI ending in this cert is buriol of Menter	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMIN	VER) P./		19	21/ 12017/01/	7/ L			
DIVISION OF VIT	ME	WHILE NOT WHILE AT WORK	21e. PLACE ((AT HOME STR	EET, FACTORY, OFFICE	FARM ETC)	21f LOCATION STREET		CITY OR TOWN	COUNTY	STATE
Od		22a I certify that (I) (this has		_		, 19				not (I) (we) lost
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TAL OR by the high detection to be beposed by the Dept.		1 de	us VO	2		PHYS	NDING I	MEDICAL STAFF DIRECTOR PHYSICIAN	276. DATES	S G
HOSPI Sined by North be North be		224 PHYSICIAN STAME (TYPE	N .	NG. a	1.0	22e ADDRESS	1/	A . 1800	T.	as L
5 5 5 5 3		URIAL, CREMATION, REMOVA			NAME OF CE	METERY OR CREM	ATORY	1234 LOCATION	JAMY,	10
BP	t.	Burial	2-8-86			Cemetery		Friendsville,	Garrett	, MD
DHMH - 16 50M 4/83	24 FL	NERAL DIRECTOR	0-11	ADDRESS			25a DATE			RE
(VRA 15, 4)	V	Denno Ell	main		tsvill	e, MD	FEB	1 3 1986 Jaha	Davidson-R	indelle

BP. DHMH - 16 60M 7/ (VRA 15, 4)

	1			STATE OF MARYLAND		
04	1 -	FOR STATE REGISTRAR		MENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENES 6 O 6	5 2 4 3
		CEASED NAME FIRST	MIDDLE	LAST	28. DATE OF DEATH MONTH D	28.1100K
			ma I	Juay	02-10	-00 7 AN
	3 SE	× ,	4 RACE	5. DATE OF BIRTH OAY YEAR	- M	ONTHS DAYS HOURS MIN.
		remale)	White	02 09 1918	68 YRS.	
1		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED ANEVER MARRIED	BALTIMORE CITY OR COUNTY	
100		issouri	V.S.A.	WIDOWED DNORCED [Washington C	
70	10. C	ITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET		128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	
7		agerstown	Washington Co	ounty Hospital	Homemaker	Home
3	13a S	STATE 136 COU	INTY 13c CITY OR TOW	N 13d. INSIDE CITY LIMITS?		, 7174
)		ryland Wash	ington Hagers		821 Rolling F	toad 01/7
10	14. 17	FIRST	MIDDLE ŁAST	15 MOTHER'S MAIDEN N	WIDDLE	LAST
10	14- 1	Carl Ro	hert Mack	I Lillian JRITY NO. 17. INFORMANT	Mae N	forrison
			IVE WAR OR DATES)			
1	N	0	1497-22		Judy same as 13	
		18 CAUSE OF DEATH (Enter to PART I, DEATH WAS CAUS	inly one couse per line for 101, (b), or ED BY	Sanualou Tano		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		IMMEDIA	ATE CAUSE (b)	espourtery race	UK!	
		Constitution of the same	DUE TO, OR AS A CONSEQU	ENCE OF	2 Disease	
		Conditions, if any, which gave rise to immediate				
		couse (0), stating the underlying couse last.	DUE TO, OR AS A CONSEOU	ENCE OF		
		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION GIVE	N IN PART 110
	No					
0	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES,	WERE FINDINGS USED ING CAUSES OF DEATH?
Smol	HE				YES NO YES	□ NO □
h	Ü	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE	The state of the s	AY YEAR 214 HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT I OR PART 2)
4	S	(IF EITHER NOTIFY MEDICAL EXAMINE	AID.	19		
	MEDICAL	214 INJURY OCCURRED	21e. PLACE OF INJURY	FARM ETC.) STREET	CITY OR TOWN	COUNTY STATE
1	~	AT WORK AT WORK				
1			atal) ottended the deceased from	2-9-56 19		9 40 , that (I) (we) lost
7			of view the body after death.	, one mor in (my) (ob) opinio	on death accurred on the date and hour	
======================================		TAL SIGNATURE	00	DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
		are of wo	and shall	PHYSICIAN		2-10-86
IMPORTANT		274 PHYSICIANS NAME 1111	dula 3	22e ADDRESS		
-						
		BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATOR	Y 23d LOCATION CITYOR TOWN	COUNTY STATE
_		Burial	2-13-86 Ar		em Arlington	Virginia
A 7/B4	24 FI	JNERAL DIRECTOR	305 N Po	tomac St. CEb	ATE REC'D BY REGISTRAR 256 REGISTR	AR'S SIGNATURE

Gerald N. Minnich Hagerstown, Maryland

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								ARYLAN							,	
6237	1-	FOR STATE REGISTRAR				MENT OF H				C. Sec.		O REG. 1	6 2	. 4	4	
Service &		CEASED NAME E OR PRINT) Wi	lbur error	Lero	MIDDLE	KEE		VER,	JR.	20	OF DEATH A	ESTI-	MONTH		YEAR 1986	2:15
DIRECTO OUR FIL ON STREE	1.567 ma	All and a second	white	July 18,	1926	6. AGE (IN YEA LAST BIRTHDAY 59YR	HTMOM (Y	DER 1 YR.	HOURS		DATE RONOUNC DEAD	ED	FEB.	28	1986	1:35
記り	PO N	RTHPLACE (STATE REIGN COUNTRY)		76. CITIZEN OF W	HAT COUN	TRY?	MARRIE WIDOW		VER MARRIE DIVORCE	DU	Was	ne city hing	-	ITY OF D	EATH	MD
27	Ha	ty or town of agerstow	n	11. NAME OF HO.	gton (County	Hos		ITION	FOR MC	L OCCUPA OST OF WORKIN	NG LIFE)	YPE OF WORK	OR.	INDUSTR	aners
K	Ma	aryland_	13b. COUN	or other institution, G Ity hington	13c CITY	BEFORE ADMISSIO OR TOWN gerstov		YES X			4B F	s ourt	h St.	21	740	
2/1		ATHER'S NAME FIRST Wilbu	r			åver,		V	er's MAIDEN	NAME	MIDI			Dav	/is	
VISION	160 V (Y	VAS DECEASED EY ES, NO, OR LINKNOWN) Yes	(#F YES GIVE	WAR OR DATES)	220-	16-173		Viol	a M.	Burg	jer, ł	ADDRE:		/n, I	۷id.	
T PERMIT. PA YGIENE, DIVI OVAL.		18 CAUSE OF D PART I DEATH	H WAS CAUSE	TE CAUSE (a)_ T.	303 -	ACUTE		RONIC	ALCOH	10L I 8	M			BETW	PROXIMATE VEEN ONSET	AND DEATH
IND MENTAL HYG		gave rise	if any, which to immediate ting the <u>under-</u> ost.		R AS A CON	SEQUENCE O	F			90k.						
AL, CREMATIC	NO	PART 2 OTHER SIGNIF	ICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELAT	EO TO THE TERMI	NAL OISEASE	OR CONDITIO	N GIVEN IN PART	T 1 (e).						
	CERTIFICATION	19a, DATE OF OP	ERATION	196. CONDI	ITION FOR V	VHICH OPERA	TION WA	AS PERFOR	RMED?						UTOPSY?	NO M
うつう		210 EXTERNAL C UNDERLYING CONTRIBUTING	OR		A. MONTH	DAY YEAR	21c. HC	W INJURY	OCCURRED) (ENTER NA	TURE OF INJUR	RY IN ITEM I	IB PART 1 OR P			1.0 £9
107	MEDICAL	21d. INJURY OCC WHILE AT WORK	OT WHILE T	STREET FAC	OF INJURY TORY, FARM, ET		21f. LOC ST	ATION REET			CITY OR TOWN	٧	C	DUNTY		STATE
SYLAND, 2		22a I certify the		pl causes X.	scribed obov		Autaps		Inspection cide .		Inquiry [ond in my a	pinion		
ORE, MAI	/	ACTUAL SIGNATURE) de les	ew,	Dix	for	M.	TITLE (S	PUTY 217		AL EXAMIN		DATE SIGN	FE8 REET	. 28	,1986
AFTER DEATH, WITH II BALTIMORE, MARYLAI	23a.B	(TYPE OR PRINT)	COM		23c N	AME OF CEM	ETERY OF		HAGE	RSTO	ATION	ARYL	AND 2	1740	=	
_	24 FI	burial UNERAL DIRECTO	MINNIC	Mar.3,19			ill Ce		ry	EC'D BY P	gerste	125 REC	GISTPAP'S	SIGNIATI	IDE	
17 E (5))				d., Hager			2174		MAR	5	1986	June	Bavid	ion-Ad	indalik.	0
20M 4/82													-			

Towns 10

BRASY WIAM - WSTUM-TOUR STUDY - WF-

AT JEST ASSESSED STATET

T

Addr at River

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENER

Н		REGISTRAR			CERTIF	ICATE OF DEATH	REG.	NO.				
1	I. DE	CEASED NAME PRU		atherine		LAST	20 DATE OF DEATH	MONTH	DAY YEAR	25 HOUR		
+		Emma		atherine	KE	ERSHNER	AND SHOWING	2/20	0/86	9:30pm		
	3. SE	X	4 RACE		5. DATE O		& AGE (IN YEARS LAST !	IRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS		
Ď	f	emale	white		Feb	. 13, 1903 AR	83	YRS.	MONTHS DAYS	HOURS MIN.		
1		RTHPLACE STATE OF FOREIGN	Th CITIZEN OF	WHAT COUNTRY?	8 AAADDIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUN	TY OF DEATH			
0	M	Maryland	USA		WIDOWE		Washingt	on		MD		
2	H	lagerstown	Ravenw	ood Nursi	ing He	OR OTHER INSTITUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOST housew)	OF WORKING		OF BUSINESS OR		
5	13a. 5			GIVE RESIDENCE BEFORE 13. CITY OR TOW Funks to	N	13d. INSIDE CITY LIMITS? YES 🔼 NO 🗌	13e.STREET ADDRESS	/ ZIP COI	DE Nore St.	21734		
r	IA.FA	ATHER'S NAME	AIDDLE	LAST		15 MOTHER'S MAIDEN NA	_MIDDLE		LAS	31		
L		110000000	F.	Cromer		Rhoda	D.		Well	er		
1	0	NAS DECEASED EVER IN U.S. ARM YES NO OR UNKNOWN) [IF YES GIVE	AED FORCES? WAR OR DATES!	219-46-1		A. Joan B	rewer, P. (
		PART I. DEATH WAS CAUSED IMMEDIATE	BY.	line for ial, (b), and	و ک	newson he	eidect	idact BETWEEN COM				
		Canditions, if any, which gave rise to immediate		1								
ì	3	cause (a), stating the underlying cause last	DUE TO, OF	AS A CONSEQUE	NCE OF	usin, gan	wend years					
	NON	PART 2 OTHER SIGNIFICANT C	onditions <u>cc</u>	INTRIBUTING TO E	EATH BUT	NOT RELATED TO TERM	MINAL DISEASE OR CO	NDITION G	IVEN IN PART 1	6		
9	CERTIFICATION	190 DATE OF OPERATION	19b CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO NO NO					
9	135.00	2 a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL	HOUR A.	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19			URRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)					
1	MEDICAL	21d INJURY OCCURRED NOT WHITE AT WORK	21e PLACE C	OF INJURY BET, FACTORY, OFFICE FA	ARM, ETC J	211 LOCATION STREET	CITY OR I	COUNTY	STATE			
		220 I certify that (I) (this haspit	al) attended the			. 19			19 86	that (1) (we) last		
		saw the deceased alive an abave. (1) (we) (did) (did not	view the body	ofter death	la , ar	nd that in (my) (aur) apinian	death accurred an the	date and ho	our and from the	causes stated		

DHMH - 16 60M 7/B4 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL burial

226 SIGNATURE

22e ADDRESS

Rest Haven Cemetery

DEGREE

138 E A

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 21 Feb 86

220 DATE SIGNED

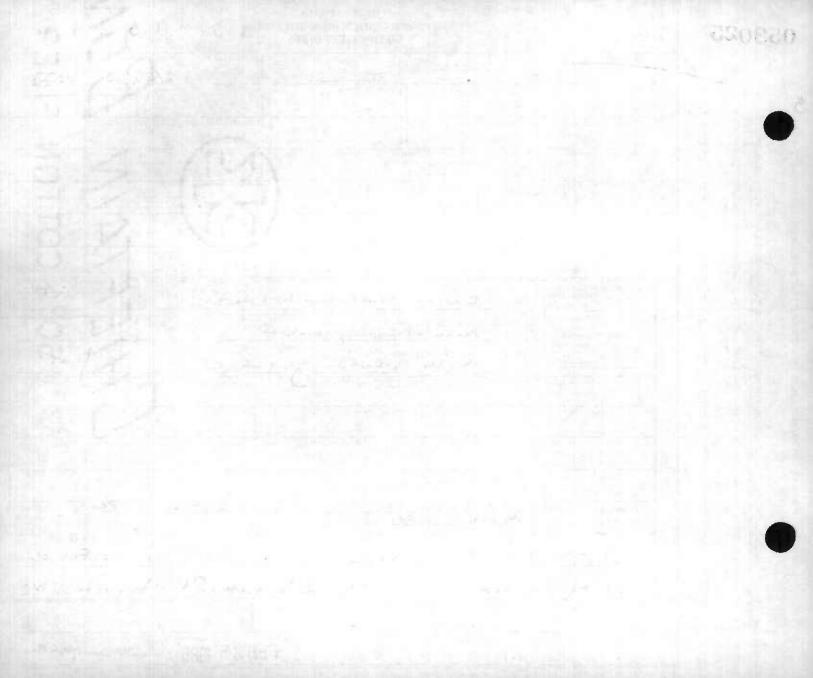
23¢ NAME OF CEMETERY OR CREMATORY

Hagerstown, Wash., Maryland

24 FUNERAL DIRECTOR MINNICH FUNERAL HOME 415 E. Wilson Blvd., Hagerstown, Md. 21740

Feb. 24, 1986

GISTRAR 256 REGISTRAR'S SIGNATURE



	FOR STATE REGISTRAR		DEPARTN		EALTH AND MENTAL HYG	REG. N		2.	1 6	
	T. DECEASED NAME TIPELY HARRY		Thley	Klin	ASKLINE NC	20. DATE OF DEATH	2-8-	-86	330 M	
Ī	1. 5EX	4 RACE		5. DATE C		6. AGE (IN YEARS LAST BI	RTHDAY) IF E		IF UNDER 24 HRS	
l	Male	Whit	e	Oct		77	YRS.			
1	BIRTHPLACE STATE OR FOREIGN COUNTRY) Maryland	U.S.A	WHAT COUNTRY?	MARRIE WIDOWE	DENEVER MARRIED DIONORCED	9 BALTIMORE CITY <u>OR</u> COUNTY OF DEATH Washington MD.				
1	Hagerstown	LIE NOT IN SUC	HOSPITAL, NURSIN HEACILITY, GIVESTREET A LISTON COULT	DDRESSI	or other institution	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST Laborer		126 KIND OF INDUSTRY Pango	BUSINESS OR	
1	UAL RESIDENCE I IF NURSING HOME OR 13M. COUNTY OF THE MEDICAL PROPERTY OF T	ITY	GIVE RESIDENCE SEFORE 13c CITY OR TOWN Smithsbu	N	13d. INSIDE CITY LIMITS?	13525 WOL	ZIP COPE fsville	Rd.	21783	
1	A FATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	WE		LAST		
ł	Paul	-	Kline S	Sr.	Etta	Mae		Kuh	n	
1	160 WAS DECEASED EVER IN U.S. AR. 1485, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? E WAR OR DATES)	174-01-		Mrs. Naomi	ADDR B. Kline. S		rg. MD	21783	
	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF CCI CARANOWA OF UNITY OF AS A CONSEQUENCE OF TO CONCERNATION OF TO CONCERNATION OF AS A CONSEQUENCE OF TO CONCERNATION OF TO CONCE							IN PART 1(a		
1	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	70b. IF YES, V IN CERTIFYIN YES [VERE FINDING GCAUSES O	GS USED OF DEATH?	
1		TH HOUR A.	DE INJURY M. MONTH DA M.	Y YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	URY IN ITEM 18 PART	T OR PART 2)		
١	OR CONTRIBUTING CAUSE OF DEA IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE NOT WHILE WORK	21e PLACE LAT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC }	211 LOCATION STREET	CITY OR TI	DWN	COUNTY	STATE	
ı	22a.1 certify that (1) (his hospi saw the deceased plive on obove. (1) (we) (did (did na			, ar	nd that in (my) (our) opinion	, to death accurred on the c	date and hour or		hot (I) (we) lost auses stated	
	226. SIGNATURE	NO.	stor	w	DEGREE ATTENDING PHYSICIAN (MEDICAL STA	LFF IC IAN []	22c. DATES	16/86	
	276. PHYSICIAN S DAME (1990)	MEN			1825 1	towell 2	D 170	455	mo	
l	230 BURIAL, CREMATION, REMOVAL (SPECIFY) Buria	236 DATE	10+	lame of c	emetery or Grematory, s Lutheran	Wolfsvil	le, Fred		M 7466	
1	24 FUNERAL DIRECTOR	min &	K. A. A.	in	25a DAT	TE REC'D. BY REGISTRA	256 REGISTRA	R'S SIGNATU	IRE	

DHMH - 16 60M 7/B4 (VRA 15, 4)

O FUNERAL DIRECTOR

Davis Funeral Home, Smithsburg, MD 1783

Marie - F

FOR

THE TOWNS OF STREET STREET STREET STREET ALCOHOL TO BE THE WAY AND THE PARTY OF THE P The state of the s

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the important of the executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending provident and campletely filled in by the funeral directar, page 3 should be detached for use as the burnal-transit permit. Then plant remains a compared to use as the burnal-transit permit. Then plant command in remains. Pages I and 2 should be filed within 72 hours after death with the Store Dept. of Heelth and Mental Hygiene prior to burnal, command in remains.	IMPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other traumatic event, the medical examiner must be natified of ance.
DIVISION OF VITAL RECORDS, 20	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requirretained by the hospital or attending physician.	TO FUNERAL DIRECTOR, After this certificate has been signified should be detached for use as the burial-transit permit. Then play with the State Dept. of Health and Mental Hygrene prior to buring	IMPORTANT: If Item 21 is marked ar Item 18 shaws any injury, a

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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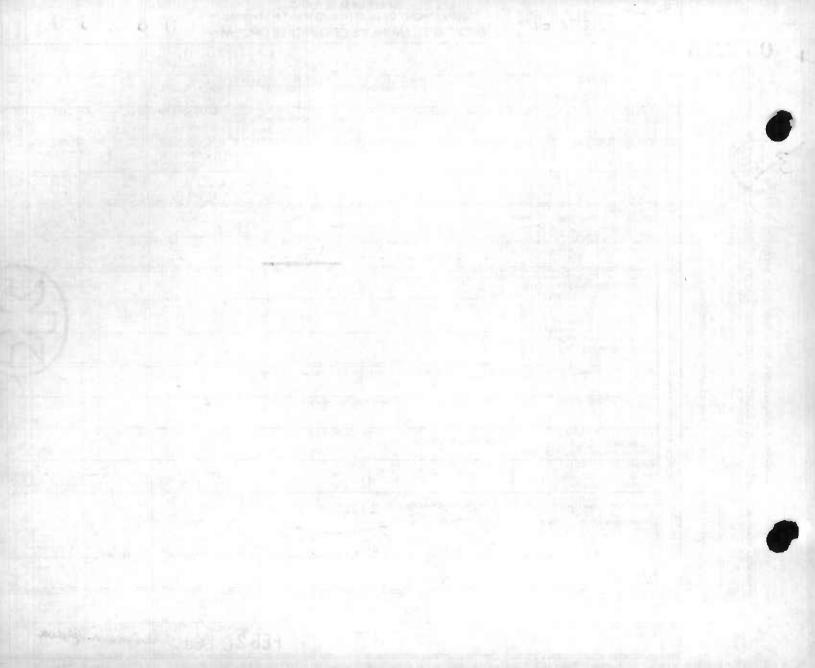
ш		REGISTRAR						REG. N	O.		
T		CEASED NAME	FIRST	1	MIDDLE G	ertru	ide	2a. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
1	,,,,,	04 14111	Ha	nak	G.	-	Jevey	0	2 /15/	86	J- M
T	3 SEX			4. RACE		5. DATE C		& AGE (IN YEARS LAST BIR	THDAY) IF UNDER	RIYEAR	IF UNDER 24 HRS
		Temale		wh		MONTH	PAY YEAR	84	YRS.		HOURS MIN.
1	7a BIR	OUNTRYS	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	B. MARRIE	D NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY OF DEA	ATH	
7	Ma	aryland		USA		WIDOWE		Wash	nington	пн	MD
	10 CI	TY OR TOWN OF DE	ATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPAT		KIND O USTRY	F BUSINESS OR
1		agerstown		Coltor	r Villa Νι	ursing	g Center	housewit		OOTHE	100.00
7	USUA 13a. S	L RESIDENCE OF NUR	136 COUN		GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ 7IP CODE	41	1000000
1	Ma	aryland	Wash	ington	Hagersto		YES X NO	50 West	Hillcrest	Rd.	21740
1	14. FA	THER'S NAME		WIDDLE	LAST	0.00	15. MOTHER'S MAIDEN NAM	ME		145	
1		William			Bove	y	Anna	Missign		Aus	herman
1		AS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	ESS		
1	No	ES, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)			Jean W. Du	inham, Hag	erstown,	Md	
ľ	18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and (c)								BI	APPROXI	MATE INTERVAL ONSET AND DEATH
4	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Cardeac arres										
1											
1		100.0		DUE TO, O	R AS A CONSEQUE	NCE OF		10-1			
		Conditions, if any gave rise to im		(b)_	Cor	emo	vascular o	acq acery			
1		couse (a), statu	ng the	DUE TO, O	R AS A CONSEQUE	NCE OF					
3		underlying couse	1051.	(c)_							
1	7	PART 2 OTHER SIG	NIFICANT (CONDITIONS CO	ONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	DITION GIVEN IN P	ART 10	ō
	CERTIFICATION										
4	OA	190 DATE OF OPERA	TION	196 COND	ITION FOR WHICH OPERATION WAS PERFORMED			20a AUTOPSY?	20b. IF YES, WERE IN CERTIFYING C		
	Ħ							YES NO	YES 🗌		NO 🗌
7		21a. ACCIDENT WAS UN		110110 4	F INJURY M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR P	PART 2)	
	¥.	OR CONTRIBUTING		ATT.	M.	19	State of the State				
1	MEDICAL	21d INJURY OCCUR	RED	21e PLACE			211. LOCATION	CITY OR TO	own cou	INITY	STATE
1	×	WHILE NOT W	MILE D	(AT HOME STE	REET, FACTORY, OFFICE, F.	ARM ETC)	ZIMEEL	CITYON	WN COO	11411	STATE
-		22a.l certify that (1)	(this hospi	tal) attended th	e deceased from_		. 19	, to	, 19		that (I) (we) last
1		sow the deceos	ed olive on	t view the body	ofter death	, or	nd that in (my) (our) opinion i	death accurred on the d	ote and hour and Irr	om the	couses stated
1		226. SIGNATURE	/	1	oner deom		DEGREE		220	DATE	SIGNED
1			0.1	ree	(al		ATTENDING PHYSICIAN	MEDICAL STA		2/8	18/8
		22d. PHYSICIAN'S N	AME (TYPE C	PRINT)			22e ADDRESS				1
		HBOUL	WA	HEED	mo		1610- OAK	Hill ME. 1.	149. ms	2	746
1	23a B	URIAL, CREMATION,	REMOVAL	23b. DATE	23€. №	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION			
	h:	SPECIFY)		Fob '	10 1006	Post	Hayon Com	Hagerete	Wash	Y	Marylan

DHMH - 16 60M 7/84 (VRA 15, 4)

MINNICH FUNERAL HOME

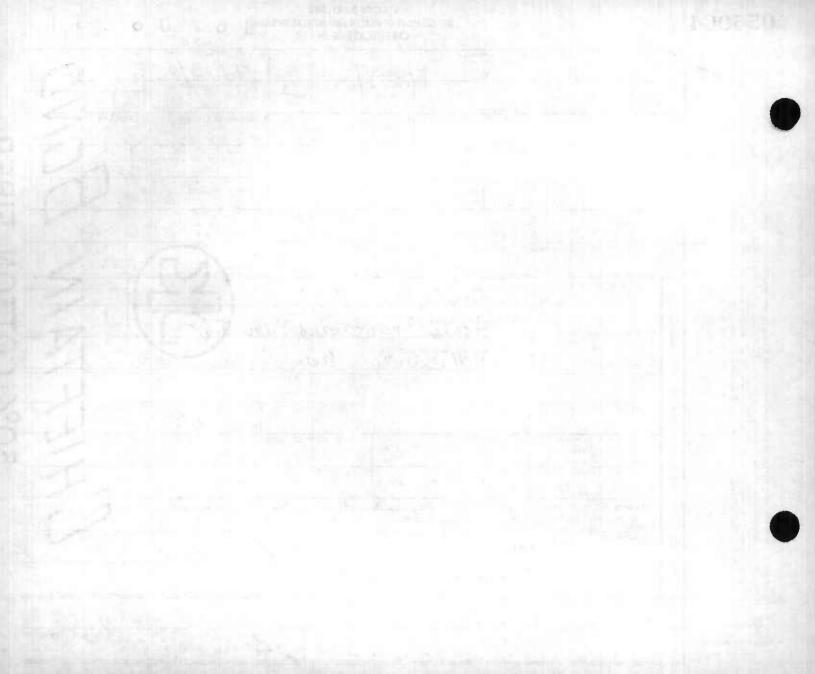
415 E. Wilson Blvd., Hagerstown, Md. 21740

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055	216		CEASED NAME	FIRST			MIDDLE			LAST		X	2a DATE	KNOWN	X M	HINC	DAY	YEAR	26 HOUR
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1358	2017	I	Hagerst	own				County	Host	oital		TOR /	N/A	(KING EFE)			OK I	1100311	
1 1	B 0 7	USUA	L RESIDENCE	IF IN NURSING HOME	OR OTHER	INSTITUTION, G	IVE RESIDENCE	BEFORE ADMISS	ION)			1		-	10			212	25
7	307	13a S		13b, COUN	ATA	-		or town		13d INSIDE (NO [EET ADDRE			г			
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200 N	28		Rober		Lee			ringst		r,		rthe	ee				lor		
PA PA	SN	160 V	AS DECEASED ES. NO, OR UNKNOV	EVER IN U.S. AR	MED FO	DRCES?	16b. SOC	IAL SECURIT	Y NO.	Vira	MANT			ADDRE	ss R	d.	2nd	d F	1.
BALTIMO S AFTER I GIVE PA	DIVISION		No	144 2			1212	-58-1	1459	Bent	hlee	Liv	vings	ston	20	4 E	Bri	dae.	view
	T. 0		II CAUSE OF	DEATH (Enter or	nly one o	ouse per line	e for (a), (b	, and (c).)									APPI	ROXIMATE	INTERVAL
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RECORDS, 201 W. PRESTON ST., LD BE EXECUTED WITHIN 24 HOUF PENDING" IN PENCIL IN ITEM 18, MEDICAL EXAMINER ALONG W.	ED AS A BURIAL - TRANSIT HEALTH AND MENTAL HY IL, CREMATION, OR REMC				- ((c)													24
5 X X X	NA BE		PART 2 DTHER SIG	NIFICANT CONDITIONS	CONTRIR	ITING TO DEATH	BUT NOT RELA	TED TO THE TERM	AINAL DIȘEAS	E DR CONDITID	N GIVEN IN PA	RT 1 (a)							1
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ON O IFICA	DEPARTMEN	AL	UNDERLYING	OR OR	DEATH	10 P.A		14 19 8			الماماما								
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DIVIS IS CER! VRITING	SO F D	X	WHILE	NOT WHILE X		0.0	TORY, FARM, E	TC)		TREET		8	CITY OR TO					Md.	
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A TE	2 H S	1	220. 1 certify	y that I took char	ge of the	e remoins d	cribed abo	ve, held on	Autop	sy X.	Inspectio	n .	Inquiry		ond in r	пу орн	nion		
WIN SE P	PES !		death resulte	d rom: Natu	rol cous	es DL	cident	, Su	icide	, Homis	ide X.	Undet	ermined mi	onner [],				
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Mer COUT 4	ENE Y		EXAMINER'S N	NAME IT)	Der	nnis F	. show	th, M.	D.	ADDRESS	111	Penn	St.	Bal	to.N	MD.			
PAGE 2	TO FUNERAL DIRECTOR: PARTER DEATH, WITH THE STA	23n Bi	IRIAL CREMAT	ION REMOVAL				IAME OF CE					CATION						
		(5	Buri	al		21-86		Mt. A				CITY	alto		Ma	COUNTY	1	51.	ATE
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	H - 17	Wi	THAME C.	March I	F/H	1101	E.	Norh	Ave.		FE				a da	MAN	NA-A	indel	L.
(VR A15	ME (5))										1.	06	1986	1			THE CO.		



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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after death. The hospital or offending physician.
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	OR ATTENDING PHYSICIAN. The hospital or offending physician.
	OR of

7001					STATE	OF MARYLAND		4 (2)	5740
5064	1-	FOR STATE REGISTRAR			CERTIF	EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	6 2	5
. 1		OR PRINT)	RST Virgi	mia ,		AST	20 DATE OF DEATH MONTH	DAY YEAR	
cror. page 3		γ	line 1	/ /	low.		2/13/8	6	7:56° M
ter o	3 SE	(4 RACE		5. DATE O		6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DA	
s of		female	whit	e		20, 1909	76 YRS	75	
72 hou		RTHPLACE (STATE OR FORE	IGN 76 CITIZEN OF	WHAT COUNTRY?	MARRIEI	NEVER MARRIED 3	9 BALTIMORE CITY OR COUNT	Y OF DEATH	
pe C		Maryland	USA		WIDOWE	D DIVORCED	Washington		MD.
79		TY OR TOWN OF DEATH Hagerstown	(#F NOT IN SUC	HOSPITAL, NURSING THE FACILITY, GIVE STREET AD COUNT	DRESS	er other institution ospital	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING clerk	LIFE) INDUST	of BUSINESS OR RY
Smust be 1	13a. S		HOME OR OTHER INSTITUTION COUNTY Washington	GIVE RESIDENCE BEFORE AND ISC. CITY OR TOWN Hagersto		13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP COL 33 Roessner	Ave.	21740
- 6	_	THER'S NAME				15 MOTHER'S MAIDEN NAM			
21		Elder Wil	liam Lewis	Lowry		Sarah	E.	Davi	.S
medical		VAS DECEASED EVER IN	U.S. ARMED FORCES?	166 SOCIAL SECURI	ITY NO.	17 INFORMANT	ADDRESS		
medica	(VES, NO OR UNKNOWN) (1	FYES, GIVE WAR OR DATES)	214-09-12	207A	Hazel P. Kit	chen, Hagerstow	n, Md.	
prior to burial, cremation, ar removal any injury, ar ather traumatic event, tl	CERTIFICATION	Conditions, if any, w gove rise to immed cause (a), stating underlying cause	hich (b) 1 inte the DUE TO, O lost. (c)	RAS A CONSEQUEN	THE BUT	Cardiovo		ES, WERE FIN	I IIO IDINGS USED SES OF DEATH?
e s	Ē							YES	NO [
or frem 18 sho		210, ACCIDENT WAS UNDERL OR CONTRIBUTING CAU (IF EITHER, NOTIFY MEDICAL	SE OF DEATH HOUR A	OF INJURY .M. MONTH DAY .M.	YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18	PART OR PART	2)
rked or 1	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	LAT HOME ST	OF INJURY REET, FACTORY, OFFICE, FAR	M ETC	211. LOCATION STREET	CITY OR TOWN	COUNTY	STATÉ
. of Heali n 21 is ma			/)	13 19 8			, ta		the causes stated
VT: If her		22b. SIGNATURE	shap				MEDICAL STAFF DIRECTOR PHYSICIAN	27c. DA	ATE SIGNED
with the Store		224. PHYSICIAN'S NAM	SH	AFI		22e ADDRESS			
n s ≤		BURIAL, CREMATION, RE				EMETERY OR CREMATORY	23d. LOCATION	COUNTY	STATE -
		burial		5,1986 Man	or C		Tilghmanton, V		
60M 7/B4	24. F	UNERAL DIRECTOR MI		ADDRESS			E REC'D. BY REGISTRAR 256. REGI	STRAR'S SIGN	ALURE CONTROL
15, 4)		415 E. Wils	on Blvd., I	Hagerstown	, Md	. 21740	Table O		



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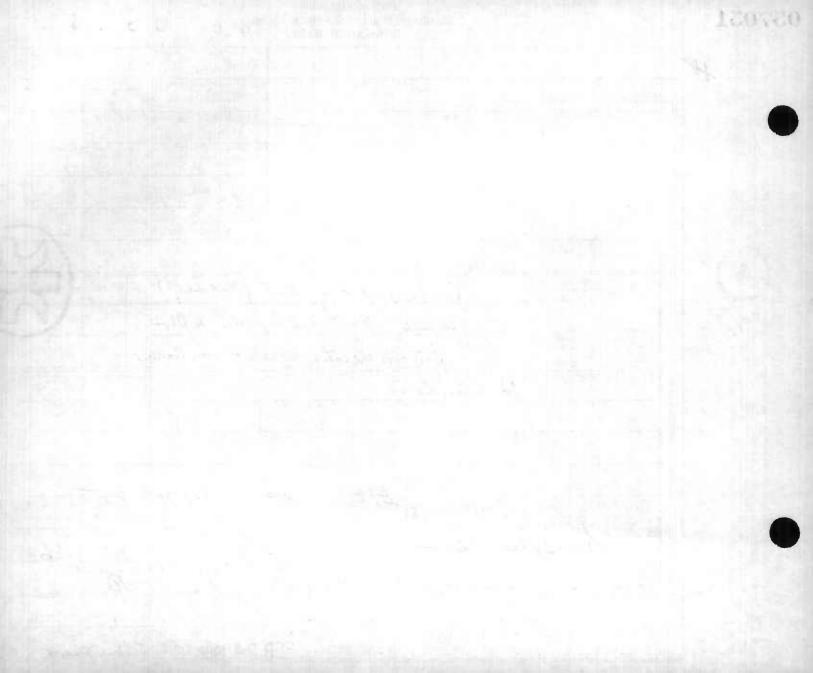
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

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		REGISTRAR	-			REG. N	REG. NO.						
		CEASED NAME FIRST	MIDDLE	L	AST T TYPE	**	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR	_		
		Helen	Eleanor		LYDA	ΛΥ	February				1		
7	3 SEX		4. RACE	5 DATE C		YEAR	6. AGE (IN YEARS LAST B	RTHDAY)	MONTHS DAT		_		
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		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY	? 8 MARRIE	NEVER	MARRIED -	9 BALTIMORE CITY OR COUNTY OF DEATH						
1		Maryland	USA	WIDOWE	7000	NORCED [Washing			MD).		
1	1	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREET	T ADDRESS)	OR OTHER INS	TITUTION	120 USUAL OCCUPAT			OF BUSINESS OR			
7	All In	Villiamsport	Route 2 Doub Ro						jew	elry stor	: 6		
2	13e. S	TATE 13b. COUP		WN	134 INSIDE C	ITY LIMITS?	13e STREET ADDRESS	/ ZIP COL	DE				
4	-		hington William	nsport	YES 🗍	NO X	Route 2	., Dou	b Road	21740)		
1	TA	THER'S NAME	MIDDLE LAST			S MAIDEN NAM	MIDDLE			AST			
u	11 11	Harry	E. Lyday	TIPLE VIO		ary	Elizab			Shattal	_		
	(1)		VE WAR OR DATES)		17 INFORMA								
Э	N	No 214 09 2587 June Banzhoff, Williamsport, Md.											
		18 CAUSE OF DEATH Enter only one cause per line for Im. (b., and IC PART L. DEATH WAS CAUSED BY: OF DEATH WAS CAUSED BY: OF DEATH WAS CAUSED BY:											
		PARTI DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Cardio ful nionay fruit (144 duay)											
	- 17		DUE TO, OR AS A CONSECU		Dun Ca	Sino Que	faction a	CVA					
		Conditions, if any, which gove rise to immediate	(16) forse	aq	1		7.0-20,729				_		
		cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSTO	97	00017	5 Con	litoscula.	Disa	0				
			(c)	ares	W/W	2 000			~		=		
	z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110											
7	CERTIFICATION	19a DATE OF OPERATION	19b CONDITION FOR WHIC	H OPERATIO	N WAS PERFO	DRMED	20a AUTOPSY?	20b. IF Y	ES, WERE FINI	DINGS USED	_		
7	IFIC						YES NOT	IN CERT	IFYING CAUS	ES OF DEATH?			
	CER	21a ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW IN	JURY OCCURR	ED (ENTER NATURE OF IN)				-		
1		OR CONTRIBUTING CAUSE OF DEA		DAY YEAR									
	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATI		CITY OR 1	Out	COUNTY	STATE	-		
	×	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE	FARM, ETC)) STREE		CITYON	/_	COUNTY	STATE			
		22a. I certify that (I) (this haspi	ital) attended the deceased from	01	3	19 0	, to	20	1985	, that (I) (we) last	-		
		saw the deceased alive on	ot) view the body ofter death.	81 , or	d that in (my)	(aur) apinian c	leath occurred on the	date and ho	our and Iram th	ne couses stated			
Н	.29	22b. SIGNATURE	A) a		DEGREE		/		22c. DA	TE SIGNED	-		
1		- Hous	produce			ATTENDING PHYSICIAN	DIRECTOR STA		2-	19-84			
		220 PHYSICIAN'S NAME (TYPE C	OR PRINT)		22e ADDRES		(A .	- 1	nela	VE,	-		
		FRANCISCO A	· Andrade, 7	1. D.	HAG	ERSTO	www. mi) 21	740				
	23a. B	URIAL, CREMATION, REMOVAL		NAME OF C	EMETERY OR	CREMATORY	23d LOCATION				=		
	b	ourial	Feb. 20,1986	Rose H	ill Cer	netery		own, W	lash.,	Maryland			
	24 FU	FUNERAL DIRECTOR MINNICH FUNERAL HOME 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE											
	4	15 E. Wilson B	lvd., Hagerstown	n, Md.	21740	FEE	3 2 4 1986	Sidion	Midden	Rando so			
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DHMH - 16 60M 7/B4 (VRA 15, 4)



STATE OF MARYLAND FOR CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🗐

- STATE REG. NO Raymond MIDDLE 20. DATE OF DEATH 26 HOUR 0/2020 4 RACE 5 DATE OF BIRTH 6 AGE TIN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH DAY December 26, 1924 white 61 male BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE ISLATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED E NEVER MARRIED West Virginia Washington USA DIVORCED [WIDOWED 0 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126, KIND OF BUSINESS OR 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Washington County Hospital machinist Hagerstown JUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130 STATE
130 COUNTY
131 CITY OR TOWN 134 INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Hagerstown 854 View St. 21740 Washington Maryland YES X NO 15 MOTHER'S MAIDEN NAME Elma Lucas Thomas L. Madden 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT & Isadora Madden, Hagerstown, Md. No APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18 CAUSE OF DEATH (Enter only one couse pe PART I. DEATH WAS CAUSED BY Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 201 IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? CERTIFYING CAUSES OF DEATH? YES [210 ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB. PART 1 OR PART 2 HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE FARM ETC.) STREET WHILE NOT WHILE 22a. | certify that (1) (this haspital) attended the deceased from sow the deceded olive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c DATE SIGNED ATTENDING PHYSICIAN CORECTOR PHYSICIAN 22e ADDRESS 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR MINNICH FUNERAL HOME 415 E. Wilson Blvd., Hagerstown, Md. 21740

burial

Feb. 22, 1986

Cedar Lawn Mem. Park

Hagerstown, Wash., Maryland

250. DATE REC'D. BY REGISTRAR 250. BEGISTRAR'S SIGNATURE F. P. 2. 5. 1086 Fund Day door Horse

STATE OF MARYLAND

1 - STATE
REGISTRAR
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
REGISTRAR
CERTIFICATE OF DEATH
REG. NO.

1 DECEASED NAME
CITYPE OR PRINT)
Sheeder

Sheeder

Sheeder

Sheeder

	I DEC	EASED NAME	2	MIDDLE	Į.	AST	20. DATE OF DEATH MONTH DA	AY YEAR 26 HOUR	
Une	TTYPE	OR PRINT)	Sh	eeder	M	6	2 1	6 86 4:150	
7	3. SE>	V/(24/04)	14 RACE		5. DATE C	F RIPTH	6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER I YEAR IF UNDER 24 HRS	
	J. JL/	E	, KACE	101	MONTH			ONTHS DAYS HOURS MIN.	
11		/			3	10 00	YRS.		
16	_ 0	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH	
1	_	nnsylvania	USA		WIDOWE	DIVORCED [Washington	MD.	
16	An CI	TY OR TOWN OF DEATH		HOSPITAL, NURSING		OR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY	
	Ha	gerstown		gton Coun		spital	clerk	insurance co.	
21	USU/	AL RESIDENCE (IF NURSING HOME COLTATE 136 COU		GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE		
20			hington	Hagersto		YES X NO	Hamilton Hotel,	Rm. 220 21740	
11	-	THER'S NAME	J			15. MOTHER'S MAIDEN NAM	ME	220 227 70	
//		Joseph :	E.	McDanie1		Elsie	G.	Sheeder	
-	16a V	AS DECEASED EVER IN U.S. A		16b. SOCIAL SECUR	RITY NO.	17 INFORMANT	ADDRESS	bileedel	
	N		IVE WAR OR DATES)	295 - 09-64	75A	Joseph Mallan	iel, LaVale, Mary	vland	
	- 11					1 Joseph McDan	iei, Lavaie, Mai	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	- //						
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			DUE TO, O	RAS A CONSEQUE		animal di	+	76	
		Conditions, if any, which gove rise to immediate	(b)	Plecim	neen	WATERO (1753	ociality	1 (1045	
		couse (a), stating the underlying couse last.	DUE TO, O	R AS A CONSEQUE	NCE SE	2	to star but	/	
			(c)_(oronay or	usus	(11 seare, au	al mean wit		
	z	PART 2 OTHER SIGNIFICANT	CONDITIONS <u>CO</u>	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVE	N IN PART 110	
	CERTIFICATION	19a DATE OF OPERATION	Time COND		0000000	N WAS PERFORMED	200 AUTOPSY? 20b. IF YES.	WERE FINDINGS USED	
1	FICA	140 DATE OF OPERATION	196 COND	HON FOR WHICH	SPERATIO	N WAS PERFORMED		ING CAUSES OF DEATH?	
7	RTI	an account to the same of	7 100 7005 0	E INTO INV	100	In now himsy occurs	YES NO YES		
a		210 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE	216. TIME C HOUR A.	M. MONTH DA	Y YEAR	ZIE HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM 18 PAI	IT T OR PART 2)	
	CA	(IF EITHER NOTIFY MEDICAL EXAMINE			19				
	MEDICAL	21d. INJURY OCCURRED	210. PLACE (AT HOME ST	OF INJURY REET FACTORY, OFFICE FA	RM ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE	
		AT WORK NOT WHILE							
	115	220.1 certify that (1) (this hasp		-	2/	. 19	, to	9, that (II)(we) lost	
		saw the deceased alive o above, (1) we) (did (did n	of view he body	after death.	, 01	nd that in (my) our) opinion o	death occurred on the date and hour	and from the causes stated	
		226 SIGNATURE	46	10		DEGREE	Aspical state	221. DATE SIGNED	
	1	16	14	gar	- /	MO ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	16/86	
		22d. PHYSICIAN'S NAME	coming /			22e ADDRESS	1. 11	11 / 1	
		R.LI O	UPLEN	MO		100 beeling	cane, reedys	ville Md 2/1st	
	230 B	URIAL, CREMATION, REMOVA	236. DATE	23c N	AME OF C	EMETERY OR CREMATORY	23d LOCATION		
		burial	Feb.19	,1986 Re	st Ha	ven Cemetery	Hagerstown, Was	sh., Maryland	
/84	24 FL	INERAL DIRECTOR MINN	ICH FUNE		E REC'D. BY REGISTRAR 256 REGISTR				
04	415 E. Wilson Blvd., Hagerstown, Md. 21740 FFR 24 4000 Alia Maid.								

DHMH - 16 60M 7/84 (VRA 15, 4)

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CERTIFICATION

(SPECIFY)

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH 2b. HOUR I. DECEASED NAME TYPE OR PRINTI February 12, 1986 MASON Lerov Bruce 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF LINIDER 21 HRS 5. DATE OF BIRTH 4 RACE 3 SEX MONTH white male Jan. 20, 1926 60 BALTIMORE CITY OR COUNTY OF DEATH Th. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR FOREIGN MARRIED NEVER MARRIED Washington USA Maryland WIDOWED 12a USUAL OCCUPATION 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR ID CITY OR TOWN OF DEATH (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Washington County Hospital electrician electrical Hagerstown USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 1136 COUNTY 134. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 13c CITY OR TOWN 125 N. Prospect St. 21740 Hagerstown Maryland Washington YESX NOF 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME

MIDDLE MIDDLE Davis Gladys Mason Bruce ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? James T. Mason, Hagerstown, Md. 124-18-7959 W.W.II Yes APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for to), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF COPD. Conditions, if ony, which gove rise to immediate couse (o), stoting underlying couse

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

20h IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO 216. TIME OF INJURY 21a ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21f LOCATION 214 INJURY OCCURRED 21e PLACE OF INJURY CITY OF TOWN (AT HOME STREET FACTORY OFFICE FARM ETC.)

NOT WHILE 22a I certify that (I) (this hospital) attended the deceased from_ sow the deceased alive on above, (1) (we) (did) (did not) view the body after death. and that in (my) (our) opinion death occurred an the date and hour and from the causes stated

226 SIGNATURE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

363 S. Cleveland Ave

Alrzadeh massoud B. 23g. BURIAL CREMATION, REMOVAL

23c. NAME OF CEMETERY OR CREMATORY

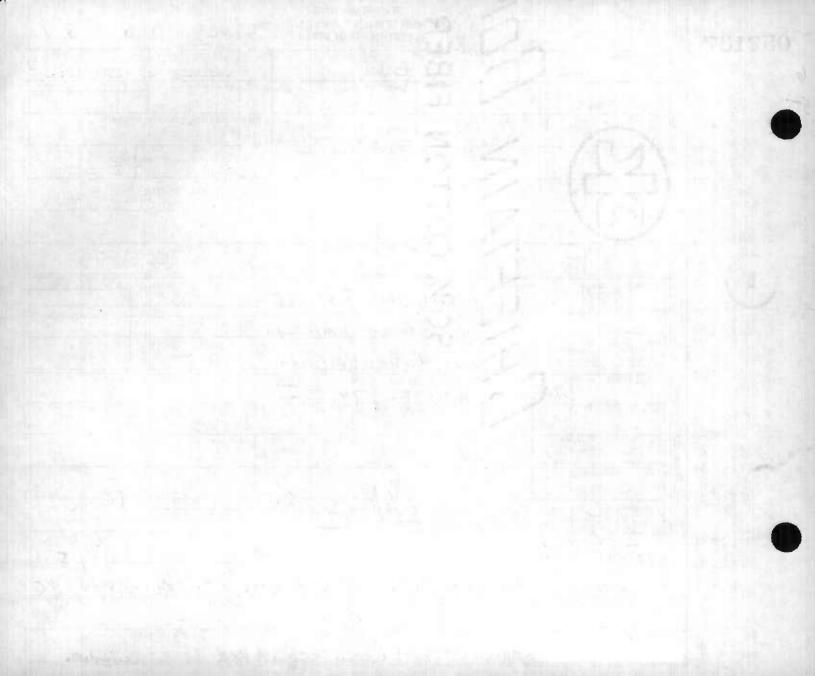
Pinesburg, Wash., Maryland

Feb. 15, 1986 Pinesburg Mennonite Cem. burial 24 FUNERAL DIRECTOR MINNICH FUNERAL HOME

415 E. Wilson Blvd., Hagerstown, Md. 21740

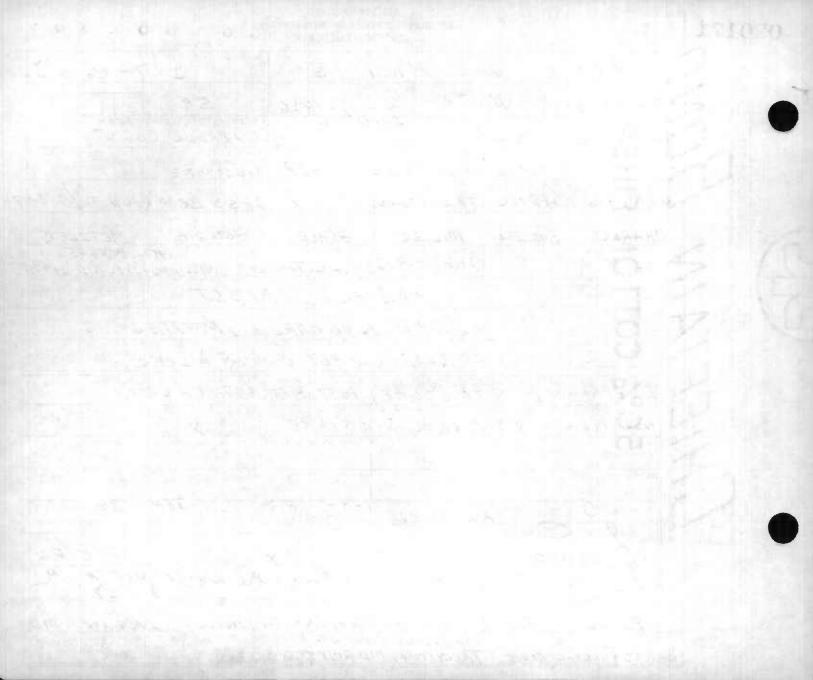
DHMH - 16 50M 4/83 (VRA 15, 4)

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				STATE OF MARYLAND		
050171	1-	FOR STATE	DEPART	WENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 6 0	6 2 5 8
		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
e m £	1. DEC	EASED NAME FIRST	MIDDLE	1100010	20. DATE OF DEATH MONTH	7 - 1996 1057
by be a death death	- 4	SRACE	JONES /	ITCICAE	7 -	1 110010 PM
or. p	3 SEX	ESULLE	4 RACE VILLITE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
urs creed		FFMTLE	0001111	9-6-1976	CS / YR	
eoth. P	M	OUNTRY LAND	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUN	COUNTY MD.
the further de within	10 CI	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
by t filed	41	350000	WASHINGTON (OUNCY HOSP.	HOUSEWIFE	
24 hourst be	13a S	L RESIDENCE (IF NURSING HOME OR TATE	OTHER INSTITUTION GIVE RESIDENCE BEFORE		13 STREET ADDRESS / ZIP CO	84 1 All21787
hin 24 hin 24 hin 24 leadings	14 FA	THER'S NAME	11/1/00/	15 MOTHER'S MAIDEN NA		ر ما المحال المحال
MARY mplete and 2		CHARLES RU	ISSELL MILLE	ER GRACE	GEORGIA	METZLER
d cort	160 W	AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU			2, B0x245
Pog Peg	(4	ES NO OR UNKNOWN) (IF YES GIV	E WAR OR DATES) 21216	0901 LINDA C. TOOM	NEY WILLIAMS	PORTO MD 21795
ALT te b pers. al. the		18 CAUSE OF DEATH (Enter on	ly one cause per line far (o), (b), an	dicti /		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1 20		PART I. DEATH WAS CAUSE	D BY:	RdIAC AI	RREST	
S C Man	-		DUE TO OR AS A CONSEQU	ENCE OF	1. 1/	
		Canditians, if any, which	DUE TO, OR AS A CONSEQUE	E Myo CARO	LIA INTERTA) N
4 4 10 1		gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQU	ENCE OF / A >	Wast A	
thert d by decore of co		underlying cause lost	(c) ARGER	es cherotic	HEARI DISEAS	e
durings r signed Then pl to burn flory, o	NO NO	PART 2 OTHER SIGNIFICANT OF	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION	
9 11117	E I	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED
16 11 (X	CERTIFICATION	NOV. 1985	ESO/149.04	STRICTURE	YES NOW IN CER	RTIFYING CAUSES OF DEATH?
T S S S S S S S S S S S S S S S S S S S	E E	210. ACCIDENT WAS UNDERLYING		210 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)
o side f	14 S	OR CONTRIBUTING CAUSE OF DEA		19		
d the second	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
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Q 2 4 1 2 1			tal) attended the deceased fram_	1-9- 1985		. 19_86, that (1) (we) last
E & C > 2 E	-	above (1) (we) (did) (did na	t) view the bady after death.	and that in (m) (aur) apinian	death accurred on the date and I	hour and fram the causes stated
Sept Sept Sept Sept Sept Sept Sept Sept		22h SIGNATURE		DEGREE ATTENDING A	, MEDICAL STAFF	224 DATE SIGNED
E E E E E E		HO. Cler	4	PHYSICIAN	DIRECTOR PHYSICIAN	13/8/86
O FUNE hould be whost the S		CRISTIAN &	ALBA, MI	19 RIGGE	Ad westry	inster MI
Of Other State of the Control of the	23a B	URIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	236 LOCATION	-((5))
BP		BUEIRI.		KLAWN CZM, BALTO. C.	CITY OR TOWN	BALTIMERE MD
	24 FU	NERAL DIRECTOR		ALTIMORE ST. 250 DA		GISTRAR'S SIGNATURE
DHMH - 16 60M 7/84 (VRA 15, 4)	SA	CILES FUNERAL ,		WN, MD 2178 FFR	1.3 1000 Julia De	vidson-Pandalls
				1 1 1 1		

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7034	1.	FOR STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO	06260
the death		CEASED NAME FREST	(Claude	Miner, SR. 5. Date of BIRTH MONTH DAY, YEAR	6. AGE (IN YEARS LAST BIRT	MONTH DAY YEAR 76. HOUR 18 1986 3 3 9 M 10 MONTHS DAYS HOURS MIN.
3		MACC RTHPLACE IMATE ON TORROW 7 COUNTRY) PREYCANO	DIHITE CITIZEN OF WHAT COUNTRY? U.S.A	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OF	
79	1	YOU PRSTOWN	(IF NOT IN SUCH FACILITY, GIVE STREET / NOSHINGTON	COUNTY HOSPITAL	(TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUSTRY
Dillo di	14	AL RESIDENCE I IF NURSING HOME OR O STATE 136 COUNT ONCYCOMO WAS HI		N 134 INSIDE CITY LIMITS?		WER Ave. 21795
10000	1.	Lewis -	MIN'S		MIDDLE	CANTHER
Poget		VAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (1F YES, GIVE	WAR OR DATES)	RITY NO. 17 INFORMANT -7583 ESTHER MIT	wer Ciren	13 ABOVE)
populario de la contra del la contra del la contra del la contra de la contra del la contra de la contra de la contra del l		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE		o-renal Fa	ilure	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
toy the attending sour removation of cremotion cotter traumotic		Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE (b) OST DUE TO, OR AS A CONSEQUE (c)	tepatitic Ci	ruhosis	15 yes.
her plant to bury, o	NO	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR COND	DITION GIVEN IN PART 110
9	TIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
A B B	CAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	116. TIME OF INJURY HOUR A.M. MONTH DA	YEAR 19	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART OR PART 2}
h and M	MEDIC	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.	ARM. ETC.) 211 LOCATION STREET	CITY OR TOV	YN COUNTY STATE
CTOR A Sfor unes of Healt 121 a mg	1	27a.1 certify that (1) (this hospital saw the deceased alive an above, (1) (we) (did) (did not)	2-18 19	26 , and that in (my) (par) opinion	, to	19 PL, that (I) (we) last te and haur and from the causes stated
denscher unte Dept		27b. SIGNATURE	reneer.		MEDICAL STAF	
N P S S S S S S S S S S S S S S S S S S		27 PHYSICIAN'S NAME TOPE OR	PRINT	27e. ADDRESS	/ 1	//

DHMH - 16 60M 7/84 (VRA 15, 4)

PAJORM. OSBORNA

230 BURIAL, CREMATION REMOVAL (SPECIFY)

WMSPT. Md.

236 NAME OF CEMETERY OR CREMATORY MANOR CAMBBERRY

REGISTRAR 756, REGISTRAR'S SIGNATURE

the state of the second second

. B. M. Les St. M. William M. Carriero M.

Margarette Chiange and Margarette Margarette (Margarette)

071188			1.	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 6 0 6 2 6										
				REGISTRAR			MIDDLE			DEATH		G. NO.	V 1.1		
9	m <u>e</u>	ď	ITYPE	CEASED NAME FIRST		<u> </u>		N	LAST		Feb. 17.		1986	P	
may	page 3		SEX	FRED		L.		IS DATE C	5. DATE OF BIRTH		6. AGE (IN YEARS LA		IF UNDER 1 YE	11:25 M	
96 4	after, after			Male		White		May	May 11 1910		75		MONTHS DA	YS HOURS MIN	
afte	I dire	1	a BIF	IRTHPLACE (STATE OR FOREIGN COUNTRY)		76 CITIZEN OF WHAT COUNTRY?		1	MARRIED NEVER MARRIED		BALTIMORE C		UNTY OF DEATH		
	be filed within 72 l	2		Maryland		U.S.	Α.	WIDOWE		NORCED	Washington County				
			Cascade		11. NAME OF HOSPITAL, NURSING IF NOT IN SUCH FACILITY, GIVE STREET AD Military Road					(TYPE OF WORK FOR MOST OF WORKING LIFE) IN			ITAL KIND OF BUSINESS OR INDUSTRY Crate Mfg.		
24 ho		6	USUA 13a S	L RESIDENCE IF NURS	ING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) TY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS			CITY LIMITS?						
thin 2	pining and	2				ington Cascade		YES NO		P.O. Box 214			1/1/		
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ecute	Jand 2	ч	4- 14	Lewis (AS DECEASED EVER	INTLIS ADA	J.	Moore	IDITYNIO	17 INFORM	eborah		DDRESS	Hew		
ž š	ages 1			ES, NO OR UNKNOWN)	I IF YES, GIVE	WAR OR DATES)	173-03-							21719	
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(8			9	gave rise to immediate cause (a), stating the underlying cause last											
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he la	as b mit.	9	CERTIFICATION	190 DATE OF OPERA		196 CONDITION FOR WHICH OPERATION WAS			N WAS PERFO	WAS PERFORMED		20b.	IF YES, WERE FIN	VERE FINDINGS USED NG CAUSES OF DEATH?	
IN: T	cate hit per it per ygiene // 18 sho		RTIE	NN							YES				
TYSICIA physicia	is certificatial-transit plantal Hygi	7		210. ACCIDENT WAS UNE OR CONTRIBUTING (FEITHER, NOTHY MEDIC	AUSE OF DEA	1		AY YEAR	21¢ HOW IN	NJURY OCCURR	ED JENTER NATURE O	f injury in ite	M 18, PART I OR PART	2)	
DING Ph	After the the the street the street of the s		MEDICAL	ZIE INJURY OCCURE	HLE [OF INJURY REET, FACTORY, OFFICE,	FARM, ETC)	211 LOCATE STREET	ОИ	CITY	OR TOWN	COUNTY	STATE	
ATTEND tal or at	RAL DIRECTOR: detached for use as tate Dept. of Healt NT: If Item 21 is r			220 I certify that (I) saw the decease abave, (I) (we) (c	d alive on	(e)	P 1 19	May 86 or	id that in (my)) (aur) apinion o	, ta leath accurred an	the date and	d havr and fram	, that (I) (we) last the causes stated	
hosp				226. SIGNATURE	1 /	1 1 11			DEGREE				22c D/	ATE, SIGNED	
TALL				ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN							STAFF HYSICIAN [1/20/86		
TO HOSPI etained by	TO FUNERAL should be detacted with the State			DO US	ME HATE OR	B. Ite	LI.		22* ADDRES	1+ady	Grave.	Pa	17256 Frank	dig Es	
	F & 3 =	1	30 B	URIAL, CREMATION.	REMOVAL	236. DATE	- 1		EMETERY OR		23d. LOCATION	1	COUNTY	STATE	
BP_				Burial		Feb. 2	0,1986 B	ethel	Church		Cascad	-	Washing		
	MH-16 25M A 15, 4) 1/79		4 FU	NERAL DIRECTOR	dy	Cuar	ADDRESS Ways	ne sbor	o, Pen		REC'D. BY REGIST	Gerial	GISTRAR'S SIGN	ndelle 3	
(VR	A 15, 4) 1/79			mail	11	CHOZZ	- Wayı	nesbor	o, Pen	nort EB	6 1986	guial	avidour-18	ndell :	

Cascade

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	100	FOR			DEP		EALTH AND MENTAL HY	CIENE / C	0 1	18	1 7		
8022	1.	STATE REGISTRAR			0117		ICATE OF DEATH	REG. NO.	0 0		0 0		
- 12		CEASED NAME	resc	-	MIDDLE	100	AST	20 DATE OF DEATH MO	INTH DAY	YEAR	2h HOUR		
5 10	Ul 1/318340			Lee Myers				1/2b 19 SG 222					
24	3. SEX			4 RACE 5. DATE			F BIRTH YEAR	6 AGE (IN YEARS LAST BIRTHD	MONTH	DER I YEAR	HOURS MIN.		
20	male			white		Nov.	8, 1920	65	YRS	DATS	mild.		
200	EBRINPLACE (STATE ON FORCED)			76 CITIZEN OF WHAT COUNTRY? 8			NEVER MARRIED	9 BALTIMORE CITY OR C	OUNTY OF D	EATH			
1 20	West Virginia			USA	11/-	WIDOW	D DIVORCED	WASHINE			TON MD		
201	1010	ITY OR TOWN OF DEA	11. NAME OF HOSPITAL, NURSING H			OR OTHER INSTITUTION	170 USUAL OCCUPATION		126 KIND OF BUSINESS OR				
47	Hagerstown						Hospital	conductor	road				
20 6	JAL RESIDENCE (IF NURSING HOME OF 136 STATE 13b. COU				GIVE RESIDENCE B		134 INSIDE CITY LIMITS?	13e STREET ADDRESS / Z					
5	-	aryland	Wash	ington	Smith	sburg	YES NO X	Route 2,		5	21783		
610	16.17	THER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN NA	AME		14	.51		
16/3	1	William	_	Α.	Myers		Pear1			Day			
1 000		VAS DECEASED EVER		RMED FORCES?	16b SOCIALS	SECURITY NO.	17 INFORMANT	ADDRESS		at-	7.		
1/	No)					Catherine M	iyers, Smithsh	ourg, M	ld.			
4		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY:								BETWEEN	KIMATE INTERVAL LONSET AND DEATH		
1		IMMEDIATE CAUSE (0) WE SAMENT THE PROMOCE WITH WEST PSES									roths		
o to		DUE TO, OR AS A CONSEQUENCE OF											
TOWN		Conditions, if any, which (b)											
j		cause (a), statin	gove rise to immediate a DUE TO, OR AS A CONSEQUENCE OF										
0 10		underlying cause lost.											
Aug.	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Tra											
1 5	TION												
0	5	190 DATE OF OPERA	IION	196 COND	DITION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?					
2	L CERTI	24 466/2014		7 00 70050	5 h (11 (5) (10	YES NO	YES		NO 🗆		
30		210 ACCIDENT WAS UNE	_	21b. TIME O HOUR A.		DAY YEAR	ZIC. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART I O	OR PART 2)			
17	CA	(IF EITHER NOTIFY MEDI				19							
91	MEDI	21d INJURY OCCURE		21e PLACE	OF INJURY REET FACTORY, OFF	FICE FARM ETC }	21f LOCATION STREET	CITY OR TOWN	CI	OUNTY	STATE		
0.3		NOT WE	RK L					,					
1 1		220 certify that (I) (this hospital) attended the deceosed fram 19 96, to 19 96, that (I) (we) le											
E 174			saw the deceased alive on 31431 1986, and that in (my) (por) apinion death accurred an the date and hour and from the causes stated abave. (1) (por) (did not) view the bady after death.										
i		226. SIGNATURE DEGREE 220. DATE SIGNED											
Ž.		ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN											
ORTA		1/ 17 13 4-								1	0		
MPOR		H	11. 4	REKS			1580 North	-HV ItHOV	5 Jour	Med			
	(URIAL, CREMATION,	REMOVAL				EMETERY OR CREMATORY	23d. LOCATION	cour	NIY	STATE		
-	bt	ırial		Feb. 22,	1986	Rest H	aven Cemetery	Hagerstown	, Wash	., M	laryland		

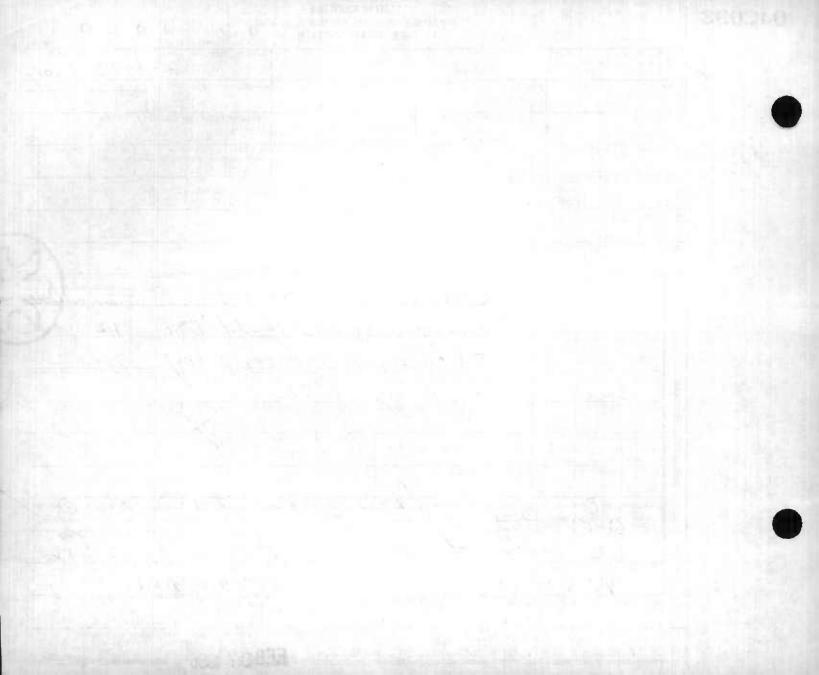
DHMH - 16 60M 7/84 (VRA 15, 4)

415 E. Wilson Blvd., Hagerstown, Md. 21740

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 212D1	HY	51.
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	90	OR: After this certificate has been signed b
	ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be spiral or attending physician.	CTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page
	A O	U

42092	1 -	FOR STATE REGISTRAR			DEPART	MENT OF H	OF MARYLAND EALTH AND MENTA ICATE OF DEATH		ENB 6 REG. NO.	6 2	6 4
,		CEASED NAME	FIRST		MIDDLE	t	AST		20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
be oth 3	TYPE	OR PRINT	11en	A	Ignes	NU:	SE		2-	1-86	9120PM
and and	3. SEX			RACE		5. DATE C		(6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	
ector ector urs aft		female		white	2	Decei	mber 26, 1	912	73 YRS	MONTHS DAYS	HOURS MIN.
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leoth leoth		Maryland	7.4	U.S	S.A.	WIDOWE			Washington		MD.
s after a by the fu filed with		TY OR TOWN OF DEAT lagerstown		(IF NOT IN SUC	HOSPITAL, NURSII H FACILITY, GIVE STREET TON Coun	ADDRESS)	ROTHER INSTITUTIONS DITAL		IZO. USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING L housewife		OF BUSINESS OR
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ompletely I and 2 sh		Charles	M	IDDLE	Phillips		Katti	.e	MIDDLE	Smith	st L
d co		VAS DECEASED EVER IN		ED FORCES?	166 SOCIAL SEC	JRITY NO.	17. INFORMANT		ADDRESS		
s. Pog		no no or unknown	(# YES, GIVE	WAR OR DATES	220-16-2	487	Mr. Jose	ph W	. Nuse, Hagerst		
rtificate physici emaval.	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardio-pulmonary Arrest								BETWEEN	conset and DEATH	
hat the death ce by the attending sse remove carbo I, crematian, or r		Conditions, if any, gove rise to imme cause (a), stating underlying cause	which		RAS A CONSEQUE Caralog RAS A CONSEQUE Dilated	ENCE OF	Shoch car	* Ne	mx aputh 1	12	hours
ires t igned en ple buria ory, ar	7	PART 2 OTHER SIGNI	FICANT CO	ONDITIONS CO	ONTRIBUTING TO	DE ATH OUT	NOT RELATED TO TH	E TERMIN	NAL DISEASE OR CONDITION GI	VEN IN PART 1	0
requestration to	TIO	Sever	e (oron	any H	rtere	1 Viseas	re	Ten auxonoma Innue	C 14605 FB10	
The law	CERTIFICATION	19a DATE OF OPERATION		196 CONDI	ITION FOR WHICH	OPERALIG	N WAS PERFORMED		IN CERTI	S, WERE FINDI IFYING CAUSES ES	S OF DEATH?
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offendin offendin offendin s the bur offend Med of the	MEDICAL	21d. INJURY OCCURRE		218 PLACE (OF INJURY REET, FACTORY, OFFICE,	FARM ETC)	21f LOCATION STREET		CITY OR TOWN	COUNTY	STATE
TENDIN or of ar or use a of Health		220. certify that (1) (1) saw the deceased		2 - 1		86.01	d that in (my) our) a	86 pinion de	to 2 -/	ur and from the	that (1) we) last
ALOR A The hose ALDIREC detached i ate Dept AT: If frem		274 SIGNATORE	5 >	10	00	mi	DEGREE ATTEND	DING.	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE	SIGNED 1-86
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7 5 E 2 3 3		URIAL, CREMATION, RI	EMOVAL	23b. DATE	236	NAME OF C	EMETERY OR CREMA	TORY	23d LOCATION	POHNTY	STATE
BP		burial		Feb. 4	,1986 Re	st Ha	ven Cemete	ry	Hagerstown, Wa	sh.,Mar	yland
DHMH - 16 60M 7/84	24 FU	JNERAL DIRECTOR	MINNI	CH FUNE	ERAL HOME		2	Se DATE	REC D. BY REGISTRAR 256 REGIS	TRAR'S SIGNA	TURE
(VRA 15, 4)	4]	5 E. Wilson	n Blv	d.,Hage	erstown, M	laryla	nd 21740	_EE	BO 7 1006	<u> </u>	Handalle.



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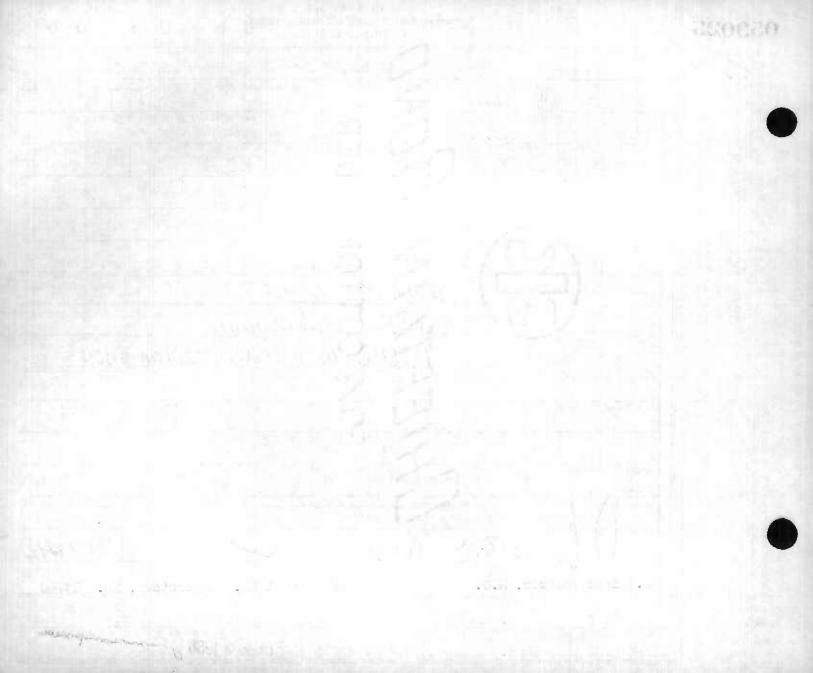
	10				STAT	E OF MARYLAND		
038124	1	FOR SACTO REGISTRAR		DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	GIENES 6 REG. NO.	6 2 6 5
2 75/5		Claude	Ri	WIDDLE	į	Oden	20. DATE OF DEATH MONTH	2/86 9:07 A
YOU TO	3. SE		4 RACE	L MONCY	5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY	FUNDERLYEAR WEINDERZAHRS
or soft		male	White		Feb		74 v	6.
1000	1	COUNTIN		WHAT COUNTRY?		D MEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH
(PASS		Maryland TY OR TOWN OF DEATH		HOSPITAL, NURSIN		D DIVORCED DIVORCED DROTHER INSTITUTION	Washington 120 USUAL OCCUPATION	MD. 12b. KIND OF BUSINESS OR
【製燈/	Hą	gerstown		H FACILITY, GIVE STREET. rn Maryla		nter	(TYPE OF WORK FOR MOST OF WORK) Linesman	Electric Power
118/	130. 5	AL RESIDENCE IF NURSING HOME OR STATE 136 COUN ryland Carro	IY.	GIVE RESIDENCE BEFORE 134. CITY OR TOW Mt. Airy	N	13d INSIDE CITY LIMITS?	130.STREET ADDRESS / ZIP C	CODE
1 11 1	_	THER'S NAME	AIDDLE	LAST		15 MOTHER'S MAIDEN NA		2,1771
pa 91/1/00	/	Washington B	rewer	Oden		Emma	C.	Thompson
Puges .		VAS DECEASED EVER IN U.S. AR/ YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? WAR OR DATES)	219-14-		Edna V. Ode	en, Item	
ertifical g physic on pap ewent, II	200	18 CAUSE OF DEATH Enter on PART I. DEATH WAS CAUSED IMMEDIAT	y ane cause per) BY: E C AUSE (a)	Cardi	OVL-	spira fory	arrest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH My with
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by the at by the at ase reman corher train		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OI			obstructive	Dul numary de	lease Glave
equires the signed Then plect to burial njury, ar	NO	PART 2 OTHER SIGNIFICANT C	ONDITIONS CO	ONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	MAL DISEASE OR CONDITION	GIVEN IN PART 110
an. has been permit.	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20b:-1	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \(\sum \ \NO \sum \)
IAN: Ti physica tificate I-transit al Hygin al B sha		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.	M. MONTH DA	YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE	A 18 PART I OR PART 2)
uG PHYSIC optending ter this cer is the burion is the burion rked or the	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE AT WHILE AT WORK	21e PLACE (AT HOME STE		ARM, ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
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IAL OR A the harmonic transfer of the harmonic detached detached oute Dept.		Paret 1	Palo	zur		DEGREE ATTENDING PHYSIGIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	210 DATE SIGNED 2/2/86
TO HOSPITAL retained by the TO FUNERAL should be detained with the State (IMPORTANT: If		Flore cita	P. F	alom	0	1500 PENV	sylvania t	tage is town (m)
BP	23a. B	SURIAL, CREMATION, REMOVAL SPECIFY) TIAL	Feb.4,			emetery or crematory Market	New Market,	Frederick, Md.
DHMH - 16 60M 7/84 (VRA 15, 4)		UNERAL DIRECTOR Olim L. Moleswo	rth, P.	A., Damas	cus,		E B O 5 1986	

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STATE OF MARYLAND

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059025	1	FOR SHITE REGISTRAR			DEPARTA	AENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 6 REG. NO.	6 2	6 6
· Jon		CEASED NAME	FIRST		MIDDLE		AST	20 DATE OF DEATH MONT		26 HOUR
1189	1 00		Edward		MN	S. DATE C	ALD, JR.	February 22		M
4 96	3: SE	male		race whi	+0	MONTH	DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY	MONTHS DATS	HOURS MIN.
A STATE OF THE STA	7o R	RTHPLACE (STATE OR FO	PEICN 7		WHAT COUNTRY?	nece	mber 5, 1896	9 BALTIMORE CITY OF CO	YRS DEATH	
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by the fu	H	agerstown	97	826	The Terra	ce	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Lawyer		OF BUSINESS OR
AND 21;	130 S	aryland	13P CORN	other institution ty Lngton	13c CITY OR TOW Hagers to	N	13d. INSIDE CITY LIMITS? YES 🗱 NO 🗌	130 STREET ADDRESS / ZIP 826 The Terr		11748
ted within and 2 s		Edward	100	NDDLE	Oswald		15. MOTHER'S MAIDEN NA/	WIDDLE	Sha	de
MORE e execu	1	VAS DECEASED EVER IN		WAR OR DATES)	16b SOCIAL SECU		17 INFORMANT	ADDRESS		
LTIM Sion of sers. Po	_	no			214-09-9	/91	Mrs. Madelin	e Oswald, Hag		Maryland
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN. The low requires that the death certificate be executed within 24 hours afterding physician ond completely filled in by the this certificate has been signed by the attending physician and completely filled in by as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be fill the and Mental Hygiene prior to buriol, cremation, or removal. An analysis of the property of the property of the property of the medical experimentary and are all shows any injury, or other traumatic event, the medical experimentary and are all and a second property.	CERTIFICATION	18 CAUSE OF DEATH PART I. DEATH WA Conditions, if any, gave rise to imm couse (a), stating underlying couse	which ediote the	DUE TO, O		PION BERT	of Inforce	raus nes. wxvl	MAN NISCA	se
ALRECORDS, 201 The low requires the sign. The low sort injury, or the sign.		190 DATE OF OPERATI	ON	19b COND	ITION FOR WHICH		NOT RELATED TO THE TERM	200 AUTOPSY 2 206 YES NO	ON GIVEN IN PART I	INGS USED
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A ATTENDIN hospital or RECTOR: After for use or the of Health of Health or the order of Health or the order or the order or the order orde		saw the demons above (f) (we) (do	olive do_	ol) attended the	e deceosed fram			, to death accurred on the date or		, that (1) (we) last e causes stated
by the by the edetoch State De MNT: If It		226 SIGNATURE	WE (TYPE OR	USTY?	5/ /	MA	ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STAFF	- 1	24/HG
TO HOSE retoined TO FUN should be with the IMPORTA		L.DWight	Noost	er, M.C			1825 Howell	Rd. Hagerst	own. MD.	21740
Of Other State of Sta		BURIAL, CREMATION, R	EMOVAL	23b. DATE	23 c. N	IAME OF C	EMETERY OR CREMATORY	23d LOCATION	COUNTY	CTATE
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DHMH - 16 60M 7/B4 (VRA 15, 4)		JNERAL DIRECTOR 15 East Wil			ERAL HOME Hagerstow		. 21740 PE	BZ 6 1986	EGISTRAR'S SIGNA	Horas



	STATE OF MARYLA
FOR	DEPARTMENT OF HEALTH AND

A.K. Coffman Funeral Home, Inc.

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Pages		VAS DECEASED EVER IN U.S. AF	MED FORCES?	16b SOCIAL SECU	RITY NO.	17 INFORMAL	NĬ		ADDRESS				
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ol Hy		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.	OF INJURY M. MONTH D.	AY YEAR	21c. HOW IN.	JURY OCCURE	RED (ENTERNAT	URE OF INJURY IN ITE	M 18 PART I O	RPART 2)		
ter this cer is the burio hond Ment rked or Iter	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE		ARM, ETC)	211 LOCATIO STREET	N		CITY OR TOWN	C	OUNTY	ST	ATE
CTOR: Af for use a of Health		220 1 certify that (I) (this haspital) attended the deceased from 2/18 19 6, to 2/20 19 6, that (I) (we) lassaw the deceased alive an 2/20 19 6 and that in (my) (our) opinion death occurred an the date and haur and from the causes stated above, (I) (we) (did) (did nat) view the body after death.											
Y me no RAL DIREC detached ore Dept AT: If hem		22b. SIGNATURE	B 79	agroood .	41	mo F		MEDICAL DIRECTOR [STAFF _ PHYSICIAN [a/a	SIGNED	
TO FUNERAL (should be dete with the State [IMPORTANT: #		Themas 1	3. Mays	un Goon	2	22. ADDRES		ESE.	Hagens	lown,	md	2 21	79
P		BURIAL, CREMATION, REMOVAL	236. DATE 2/24.			a Ceme	etery		ellsvi				
	24 FL	UNERAL DIRECTOR		Hagel	retow	n Md	25g DAI	E REC'D BY DE	CERAR 20 A	GISTRAN	SIGNA	STP ASS	

DHMH - 16 60M 7/84 (VRA 15, 4)

BETOTO D'Andrea St. Bita Centrory Connellaville, Parette, 23. A.E. Coffman luneral Mome, Inc. DES 8 2 133

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STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE,

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REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO		6.	
I DECEASED NAME FIRST	MIDDLE		LAST		MONTH DAY		h HOUR
(TYPE OR PRINT) WORZY	Louise	often	surgeix		5 55	86	М
3 SEX	4 RACE	S. DATE C		6 AGE (IN YEARS LAST BIRT	HDAY) IF UN		FUNDER 24 HRS
Female	White		1 28,°1936 YEAR	49	YRS.		
70 BIRTHPLACE (STATE OR FOREIGN Mary land	76 CITIZEN OF WHAT COUN	MTRY? 8. MARRIE WIDOWE	DIVORCED DIVORCED	9 BALTIMORE CITY OF WASHINGTO		DEATH	MD.
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	URSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATION			BUSINESS OR
Hagerstown	Washington (ospital	Owner	WORKING LIFE)	illiar	d Manuf
		RTOWN	139 INSIDE CITY LIMITS?	Rt.2 Box#	z14444	2178	33
FATHER'S NAME FIRST Ernest	R. Horr		Nannie	Mae		Shei	ss
160 WAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN) (IF YES, G	LISTA OF CONTRACT	32-6378	Robin Poffen	ADDRE berger (ite		ove)	4.71
18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly ane cause per line far (a),	(b), and ICV					ATE INTERVAL
	TE CAUSE (a) Cong	es true	Hearton	luce			
Canditions, if any, which	DUE TO, OR AS A CON	SEQUENCE OF	Heart Di	sause		44	es.
gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CON	SEQUENCE OF					
PART 2 OTHER SIGNIFICANT	(c)CONDITIONS CONTRIBUTIN	G TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	OITION GIVEN I	N PART Ita	
190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	19h CONDITION FOR V	VHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING		
OR CONTRIBUTION TO CALLES OF DE		H DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I	OR PART 2)	
HE EITHER NOTIFY MEDICAL EXAMINE 118 EITHER NOTIFY MEDICAL EXAMINE 218 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, C		211 LOCATION STREET	CITY OR TO	٧N	COUNTY	STATE
220 1 certify that (I) (this was			nd that in (my) (pur) apinian o	, ta death accurred an the da			at (I) (we) last uses stated
22b. SIGNATURE	touleder te		DEGREE ATTENDING PHYSICIAN TO	MEDICAL STAF	F	22c. DATE ST	
228 PHYSICIAN'S NAME (TYPE			22e ADDRESS	- DIRECTOR D FITTSIC	N U		
Dr.John H.Hor	nbaker,M.D.		Hagerstown,	1D 21740			
230. BURIAL, CREMATION, REMOVA	L 23b. DATE	23¢ NAME OF C	EMETERY OR CREMATORY	23d LOCATION		LINITY	STATE
(SPECIFY Burial	Feb.25,1986	St.John	's Ch. Cemetery	Myersville	Freder	ick Ma	aryland
24 FUNERAL DIRECTOR	111.3.3.1		25a DATI	E REC'D. BY REGISTRAR	Sh. BEGISTRAR	SSIGNATUR	RE

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar removal.

retained by the haspital or attending physician

BP.

If them 21 is marked or them 18 spews any injury, ar other traumatic event, the

Major M. Osborne

Williamsport, MD 21795

FEB 2 8 1986 June Wardson-Mandall

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	ADTAIL			140		714			17

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REG	NO		- 7			

1561	FOR				
	STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENT CERTIFICATE OF DEAT	H O O	06269
I D	ECEASED NAME FIRST	MIDDLE	LAST	REG. N	MONTH DAY YEAR 26 HOUR
100	DEW	EY M	POINDEX	TER	2 9 1786 1:55
1.5		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST B	
	FEMALE	White	MONTH DAY	98 87	MONTHS DAYS HOURS
er oli	MINTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTS	RY2 8	9 BALTIMORE CITY	YRS. OR COUNTY OF DEATH
331	Virginia	IT 61 A	MARRIED L NEVER MARR	IED I	INGTON
	CITY OR TOWN OF DEATH		SING HOME OR OTHER INSTITUTI	ION 120 USUAL OCCUPA	TION 126. KIND OF BUSINESS
70 1	HAGERSTOWN	, AVALON M	1ANOK INC	Housewi	
5 170	STATE 136 CC	E OR OTHER INSTITUTION GIVE RESIDENCE BE DUNTY 13c CITY OR TO Shington Smith	OWN 13d. INSIDE CITY LI	MITS? 13e STREET ADDRESS	71-0
THE PERSON NAMED IN	FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAI	DEN NAME	
4/0	Charles	Roudabu	sh FIRE	liza	Kipes
1 160	WAS DECEASED EVER IN U.S.	CHIE WILD CO DITTE		ADD	ESS 102 Stonecroft C
V/L	No (IF TES	383-22·	-6122 Louise M	. Myers -	Hagerstown, Md. 21
1	PART I. DEATH WAS CAL	r anly ane cause per line faile , (b), USED BY; DIATE CAUSE (a)	lise - Passe	ty - Aud In	APPROXIMATE INTERVA BETWEEN ONSET AND DE
other frauma	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.			sense + Emphy	Sema
o . Luniu		NT CONDITIONS CONTRIBUTING T	TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE OR COM	NDITION GIVEN IN PART 110
	190 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED
19 PHICA				YES NO	IN CERTIFYING CAUSES OF DEATH
6 Share of min	OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONTH	DAY YEAR	YES NO	IN CERTIFYING CAUSES OF DEATH
		DEATH HOUR A.M. MONTH	DAY YEAR 19 211 LOCATION		IN CERTIFYING CAUSES OF DEATH YES NO NO NO NOT NOT NOT NOT NOT NOT NOT NO
9 7	OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	HOUR A.M. MONTH P.M. 21e PLACE OF INJURY	DAY YEAR 19 21f LOCATION STREET	OCCURRED (ENTER NATURE OF IN)	IN CERTIFYING CAUSES OF DEATH YES NO NO NO NOT NOT NOT NOT NOT NOT NOT NO
9 7	OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM 21d INJURY OCCURRED WHILE AT WORK AT WORK 27a 1 certify that (1) (this has saw the deceased alive	P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFI	DAY YEAR 19 211 LOCATION STREET	OCCURRED (ENTER NATURE OF IN)	IN CERTIFYING CAUSES OF DEATH YES NO UNITED 18 PART (OR PART 2) OWN COUNTY STA
9 7	OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM 21d INJURY OCCURRED WHILE AT WORK AT WORK 27a 1 certify that (1) (this has saw the deceased alive	TOPATH HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFI aspital) attended the deceased fra	DAY YEAR 19 211 LOCATION STREET 19	OCCURRED (ENTER NATURE OF IN) CITY OR T apinian death occurred on the c	OWN COUNTY STA
9 7	OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM) 21d INJURY OCCURRED WHILE AT WORK AT WORK 27a I certify that (I) (this he saw the deceased alive abave, (I) (we) (did) (did) 27b. SIGNATURE	HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFF) pospital) attended the deceased from an indiview the bady after death.	DAY YEAR 19 21f LOCATION STREET Im	OCCURRED (ENTER NATURE OF IN) CITY OR T apinian death occurred on the c	IN CERTIFYING CAUSES OF DEATH YES NO
ANT: If them 21 is marked as them	OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 220 1 certify that (1) (this he saw the deceased alive above, (1) (we) (did) (did)	HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFF) pospital) attended the deceased from an indiview the bady after death.	DAY YEAR 19 211 LOCATION STREET Im	OCCURRED (ENTER NATURE OF IN) CITY OR T apinian death occurred an the c	IN CERTIFYING CAUSES OF DEATH YES NO
MPCRTAN: if hern 21 is marked or item.	OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM) 21d INJURY OCCURRED WHILE AT WORK AT WORK 27a I certify that (I) (this he saw the deceased alive abave, (I) (we) (did) (did) 27b. SIGNATURE	HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFI aspital) attended the deceased from and not view the body after death. WE OR PRINTS	DAY YEAR 19 21f LOCATION STREET Im	OCCURRED (ENTER NATURE OF IN) CITY OR T Opinion death occurred on the opinion death occurred o	IN CERTIFYING CAUSES OF DEATH YES NO

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR

Roseda L. Come to DATE REC'D. BY REGISTRAR 356 REGISTRAR'S SIGNATURE Alva 9. Linder - Rt #7. Box 210-A West Circle is

STREET

03

fsimu

etid

Housewife At Home

Berkeley

Martinsburg

. N. 7

Maryland Washington Smithburg x 27 Blue Mountain Estates

Charles Roudsbush Eliza Kipes

333-22-0122 Louise M. Myers - Hegerstown, 16. 21740

Feb. 11, 1956 Posedale Cemetery

Alva D. Linder - Rt #7, Box 210-A West Wirgin ia

1.	FOR - STATE REGISTRAR	DEPARTA	NENT OF HEAD	F MARYLAND LTH AND MENTAL HYG ATE OF DEATH	IENE 8 6 REG. NO. 6	270		
	CEASED NAME FIRST	WIOOFE	LAST	Non-Service.	24 DATE OF DEATH MONTH DE	AY YEAR 2b. HOUR		
	Lutie	nmn	POR	rs	February 6	1986 11:40 -		
1. SE		4 RACE	S. DATE OF B	BIRTH YEAR		FUNDER LYEAR IF UNDER 24 HRS		
F	emale	Caucasian	Caucasian June 11, 1896		89 YRS			
	STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED [NEVER MARRIED	BALTIMORE CITY OR COUNTY	OF DEATH		
M	aryland	U.S.A.	WIDOWED		Whiteote	2 MD.		
100	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		OTHER INSTITUTION	12a USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING LIFE!	12b KIND OF BUSINESS OR		
W	illiamsport -	Homewood Retir	ement C	Center	Office Wkr-Ret.			
13a	AL RESIDENCE IN NURSING HOME OF STATE aryland Wash		N 113	d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 2750 Virginia A	venue, 21795		
	THERS NAME zekiel Cowgill	MIDDLE LAST Gray	15	MOTHER'S MAIDEN NAM	3100IM	LAST		
16a N	THE NO CONTRACTOR IN THE SECOND	RMED FORCES? 166 SOCIAL SECU 215-22-8		M.S. Jan Por	ets, 504 Dunkirk	Road, 21212		
	PART I. DEATH WAS CAUS	nly one cause per line far (a), (b), and ED BY: ITE CAUSE (a)	~ (Pa	stoverde	acidest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE	o sdoro	tie Cardio	vacdo dispue	2		
CERTIFICATION	PART 2 OTHER SIGNIFICANT MOUNTON 190 DATE OF OPERATION	~ oxten poros	OPERATION V	SIP 1eff h	YES NO YES	WAE FINDINGS USED ING CAUSES OF DEATH?		
MEDICAL CER	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	P.M.	Y YEAR		ED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT L OR PART 2)		
MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE F		II LOCATION STREET	CITY OR TOWN	COUNTY STATE		

22a I certify that (I) (this haspital) attended thredeceosed from saw the deceased all above, (1) we) (did)

(our) opinion death accurred an the date and hour and from the couses stated

MEDICAL STAFF

23a. BURIAL, CREMATION, REMOVAL 23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

DEGREE

22e ADDRESS

Cremation 24 FUNERAL DIRECTOR

(SPECIFY)

226 SIGNATURE

Westview Memorial Pk Catonsville, 250. DATE REC'D. BY REGISTRAR 256 BEC. Windsor Mill Ra FEB 13 1935

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

FUNERAL DIRECTOR:

should be detoched for use as the buriol-transit permit. Then pleas with the State Dept. of Health and Mental Hygiene prior to burial,

MPORTANT, If them 21 is marked

22d PHYSICIAN'S NAMI

THE JAMES N. KOTSIS F.H., 6411 Windsor Mill

2/10/86

		The Land	
11, 1896 891 11	one m	M-SULD I	0.00.
* The second		U.S.A.	orsat a
enter critise Tradet. Teministro-ing			
x 2750 Wir inta avenue, 21795	J'a Grillian and		n tuleu
aira foy Fringer		11 014	rekiei Jong
.s. oan ons, jui nama oad, 2122	22-121		,
Ham March & Committee			
he design and chiefe a second	S-Course		
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The A TEXA DIST.			
26/2/2		26.7.2.2	
WELLE CHELLINGS PRINCHED AND		A 41 C	

Production 2/10/20 .estriam nortal Pk Cators 113, althors 50, Th

THE CAMESON. ACTURE P. S., Chil will sor Mill de Mill St. 15 with

DHMH - 16 60M 7/84 (VRA 15, 4)

John H. Bast, Jr.

23b. DATE

2-10-86

23a. BURIAL, CREMATION, REMOVAL

Burial

24. FUNERAL DIRECTOR

Boonsboro, Md. 21713

231 NAME OF CEMETERY OR CREMATORY

Fairview Cemetery

FED 1 7 1000

Lielia Davidson-Randese

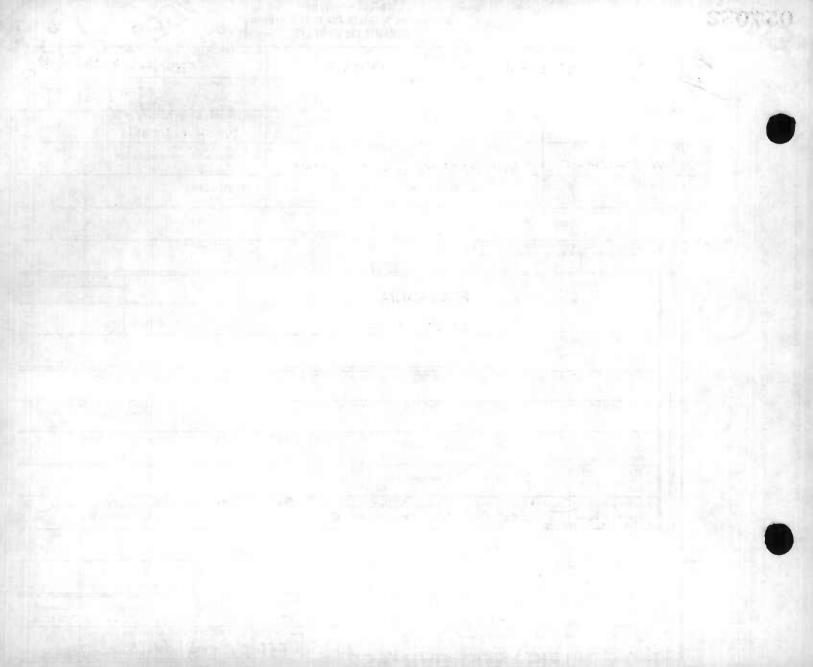
Keedysville, Wash. Co., Md.

ORIESO LIN VOLTO TELEFORM STORY 10=;1.13 And the state of t non-ste endered page . 3 has seften Yes . W. H. W. THO 217-10-7183 Mrs. Irane 1. Penal, needs ille, Mi. 2015 F-10-01 Mirving Uspenty . . . Assayer 11 le, . 850. Do., Mi. John . Best, Jr. Sconsberg, Ma. 27713 (168 13 heat Life Black

09	(TYPE	REGISTRAR PRATH	WILL BAIN PA	LAST	REG. NO. 20. DATE OF DEATH MONTH 2	DAY YEAR 25 HOUR IF UNDER 1 YEAR IF UNDER 24 HS.
	3. SEX	Male	White S. DATE April	OF BIRTH 18, 1905	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
5	M	THPLACE (STATE OR FOREIGN DUNTRY) aryland	75 CITIZEN OF WHAT COUNTRY? 8	ED X NEVER MARRIED	9. BALTIMORE CITY OR COUNTY Washington	County MD.
		agerstown	11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ROUTE # 9 Box 2:		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI Dentist	I 126. KIND OF BUSINESS OR INDUSTRY
SOLUTION OF THE PROPERTY OF TH	13a. S	TATE 136. COL	OROTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION UNITY 136. CITY OR TOWN SHINGTON Hagerstown MIDDLE Prather	138 INSIDE CITY LIMITS?	ME	21740 box 222 Bain
nedicple		AS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS Rou M. Prather H	
18 shows any injury, ar other troumotic	CERTIFICATION	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICAN'	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) T CONDITIONS CONTRIBUTING TO DEATH BU Character Consequence OF	ctive Polin	200 AUTOPSY? 200. IF YE IN CERTIF	VEN IN PART TO S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO
em 18 sh		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER NOTIFY MEDICAL EXAMIN		2	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (ATHOME STREET FACTORY, OFFICE FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
		22a.l certify that (I) (this has	spital ottended the deceosed from	ond that in (my) (out) opinion	deoth occurred on the date and ha	. 19, that (I) (we) last ur and from the causes stated
z i is marke		226 SIGNATURE		DEGREE ATTENDING	MEDICAL STAFF	221. DATE SIGNED
ORIANI: H Hem 21 is marke		Dittestucker 270. PHYSICIAN'S NAME (TYP	PE OR PRINT)	PHYSICIAN [DIRECTOR PHYSICIAN	27276
APORTANT:	230 E	Dittestucker 270. PHYSICIAN'S NAME (TYP	Hornbaker Jr. M.D.	PHYSICIAN [own, Maryland 23d LOCATION CITY OF TOWN	COUNTY STATE

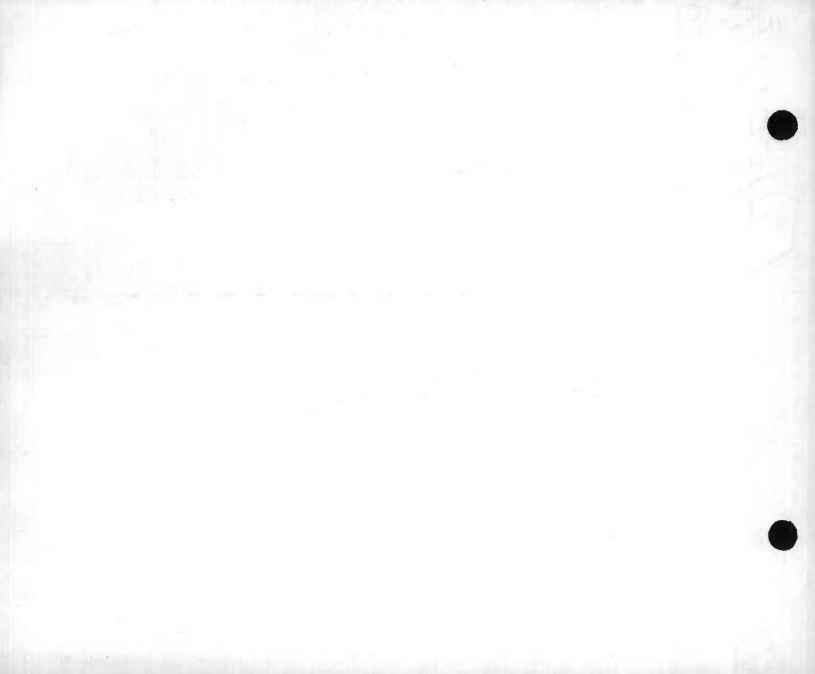
April 1 , 1905 80 office of the Washington County Dentiet Servised wathington became a found paints of the wask Cearge T. crather 276-14-796 Evapoeline M. Frather Esperatown, ad. Jan all the area. A sec. bus lines; town mean! Luxind '-14-'U St. Laul's Cemetery Clear Spring, Bash, Hd. agerstann, III. M.K. Collings bundral wome, Inc.

057052	1.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 6 REG. NO. 0 6 2 7 3					
nay be	I. DE	CEASED NAME FIRST	LIAM A.	thur	RINCE	20 DATE OF DEATH	MONTH DAY YEAR BRUARY 18, 1981	21 HOUR 240 PM
age 4 may ector, pag rs after de	3 SE Ma	x ale	white	S DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIRTI	HDAY) WUNDER LYEAR MONTHS DAYS YRS	
ocean. P	M	RTHPLACE (STATE OR FOREIGN OUNTRY) Aryland	USA	WIDOWE		WASHINGTON		
by the falled within		WILLIAMSPORT	WILLIAMS	WILLIAMS PORT NURSING HOME			ON 126 KIND (INDUSTRY CIT	
executed within 24 ht of completely filled in s 1 cm.	130	AL RESIDENCE (# NURSING HOME OF STATE 136 COU Maryland Wash ATHER'S NAME FIRST John	ington 13c CITY lington Hag	ence before admission) OR TOWN GETSTOWN LAST	13d. INSIDE CITY LIMITS? YES NO NO NOTHER'S MAIDEN NAVENER'S MAIDEN NAVENER'S MAIDEN NAVENER'S Olive	138. STREET ADDRESS 207 Pangbo	L/	21740 AST Cerly
ceruficate be exec to be sician and co must etc. Pages 1 min val.	160) n	WAS DECEASED EVER IN U.S. AI	VE WAR OR DATES)	07 0744	William G.	Prince		DXIMATE INTERVAL N ONSET AND DEATH
requires that the death is signed by the transmen please term the form to burial, cremented by injury, or all infum.		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CO	MPHYSEM/ ONSEQUENCE OF		INAL DISEASE OR CONE	DITION GIVEN IN PART 1	(0)
W P = S P	CERTIFICATION	190 DATE OF OPERATION		R WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIND IN CERTIFYING CAUSE YES	INGS USED S OF DEATH?
NG PHYSICI. anding physici fter this certiff he burial-trans and Mental H arked or Item	MEDICAL CE	216. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 216. IN JURY OCCURRED WHILE AT WORK AT WORK	ATH HOUR A.M. MO	19 Y	216 HOW INJURY OCCURR	CITY OR YOW		STATE
DIRECTOR: hed for use a Dept. of Heal		220 I certify that (I) this hasp saw the decaysed alive a ghave. (I) two (did) (did no 226. SIGNATURE	pital) attended the deceose February 13 att view the body offer dec	8 19 <u>86</u> . or	nd that in (my) (aur) opinion of DEGREE ATTENDING	. to Februari death occurred on the do MEDICAL STAF DIRECTOR PHYSIC	pte and hour and from the	, that (I) (we) last e couses stated E SIGNED
TO HOSPITAL retained by the TO FUNERAL should be detect with the State I	23a	John R. Melr	nick		220 ADDRESS 1622	20 Frederick	k Road MD 20760	
BP	bi	specky) irial uneral director MINN	Feb.20,198	6 Rest Ha	aven Cemetery		oounty n, Wash., M	
DHMH-16 25M (VRA 15, 4) 1/79	4:	5 E. Wilson Bl	vd., Hagerst	own, Md.	21740 FE	B 2 4 1986	Sichia Trivian	Bodose



Sale. Sale. I meet a decade . List n mil zo: nilitara CONTRACTOR OF STREET STREET, S will distribute person structure to week and the month Part was a select a first a series of the se

DIVISION OF VITAL RECORDS



04	9113		FOR STATE REGISTRAR	1	MEI	DEPARTMENT OF		ERTIFICATE C		Q (5 2	7 6	
	23 S. S. F. A.		CEASED NAME PE OR PRINT)	NEVIN		W.		EDER	O.F.	KNOWN ESTI-		9, 19 86	11:0
/	S NECESSARY, PIEASE THE FUNERAL DIRECTOR. PAGE & FOR YOUR FILES. ETHED WITHIN 72 HOURS YOU WESTON STREET.		ale	White	5. DATE OF BIRTH MONTH DAY June 15,		DAY) MONTH		MIN PRONOU DEA	D F	eb. 9,	19 86	12:00 noon
9	POR POR A	Pa	RTHPLACE (STA PREIGN COUNTRY) PREIGN COUNTRY) PREIGN COUNTRY PREIGN COUNTRY	, Md.	U. S. A		WIDOW		ED W	shingt			MD
(A SECTION AND A	B	onsboro		27 Ford	PITAL, NURSING HON LILITY, GIVE STREET ADDRESS) AVE •		ER INSTITUTION	Inspec	PATION (TYPE	Trusk	Mfg.	RY
0. 21201	F ANY CAND 3 TO 3. RETAIN PROJECT OF THE CORD	13°M	ryland	Washi	ngton	Boonsboro	SION	13d. INSIDE CITY LIMITS? YES NO 🗆	13e STREET ADDR	Ford Av	ve. 2	1714	
H-XOX-H			Willia		C, IDDIE	Reeder		15 MOTHER'S MAID!	EN NAME	MIDDLE		enberg	ger
BALTIMORE	S AFTER S AFTER ANTH FOR ANTH	()	O OR UNKNOW		WAR OR DATES)	215-18-2		Edward J	Reeder	Hager	10 Box	122A Md. 2	21740
ST.,			18 CAUSE OF PART I DEA	TH WAS CAUSED	y one couse per line DBY: Hai E CAUSE (o)	lor (a), (b), and (c).) nging (Code	e E−95					APPROXIMATE BETWEEN ONSE MUNUT	E INTERVAL T AND DEATH
W. PRESTON	WITHIN SNCIL IN AINER A TRANSIT NTAL HY		gave rise cause (o) s	s, if ony, which to immediate stating the <u>under</u> -	(b)	AS A CONSEQUENCE							
tDS, 201	SECUTE NG" IN P CAL EXA BURIAL AND ME MATION,		lying couse		(c)	RUT NOT RELATED TO THE TER	MINAL DISEASE	OR CONDITION GIVEN IN PA	RT 1 (a);				
OF VITAL RECORDS,	SHOULD BE EXECUTED ORD "PENDING" IN PECHIEF MEDICAL EXAMELE USED AS A BURIAL-TOF HEATTH AND MELLY CREMATION, C	MEDICAL CERTIFICATION	Ifa DATE OF C	OPERATION	I%. CONDIT	ION FOR WHICH OPE	RATION W.	AS PERFORMED?			2	20 AUTOPSY	
N OF VIT	IS: THIS CERTIFICATE SHOULD IN WARDED TO THE CHIEF MAY ARRED TO THE CHIEF MAY ARRED TO THE CHIEF MAY STATE DEPARTMENT OF HEAD OF 1201 PRIOR TO BURIAL, C.	AL CERTII	214 EXTERNAL UNDERLYING	_		INJURY MONTH DAY YEA	R 21c HC	W INJURY OCCURRE	D LENTER NATURE OF I	NJURY IN ITEM 18 F	PART 1 OR PART 2)	YES 🗌	NOX
DIVISION	WRITING WRITING ARDED TO AGE 3 SHO ATE DEPA 1201 PRICE	MEDIC	216 INJURY OF WHILE AT WORK	CCURRED	21e PLACE C	OF INJURY (AT HOME, ORY, FARM, ETC.)		CATION	CITY OR TO	NWC	COUNTY		STATE
	TO MEDICAL EXAMINER: THI EXECUTE THE CERTIFICATE, W PAGE 4 SHOULD BE FORWA AFTER CEATH, WITH THE STAT BALTIMORE, MARYLAND, 215		22n. I certify death resulted	100	e of the remains desco	Accident , S	Autops	y , Inspectio	n 🔀 , Inquiry		id in my opinio	n	
•	TAL EXA HOULD IN RAL DIRE ATH, WITH		ACTUAL SIGNATURE_	4	Allo	while	М.	DEPUTY	MEDICAL EXA	MINER	DATE SIGNED_	2/10/	86
	MEDICA ECUTE AGE 4 S O FUNEI FTER DE		EXAMINER'S N (TYPE OR PRIN	T) HOWal	rd N. Weel			ADDRESS Had	Norther gerstown,			1740	
07/B4	BP	j	Burial	ION, REMOVAL 23	2-11-86	Boonsbo		metery			Wash. C		
25M	DHMH - 17 (VR A1S ME (S))		John H.	Bast, Jr	Boons	boro, Md.	2171	3 ZSa. DATE	1 3 1986	AR 286 REGI	TRANSIEN	Montro	

STATE OF MARYLAND

halo hine June 15, 1912, 71

Per pall, Mi. E. L. I.

Considere International Property and and a second property and a second party and a

Maryl no Legithering Johnsonson a SY Ford ave. 21318

illiam U. serve Iola alor

2:5-16-25cm June 10. New Mary, September 2:527

Suriel 2-11-86 COCHEDOTO CENTERY BODIEDOTO, DIN. DI., Mil.

medical

IMPORTANT: If hem 21 is morked or them 18 shows any injury, or other traumatic event, the

ctor. poge 3 softer death

	STATE OF MARYLAND
PR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE
ATE GISTRAR	CERTIFICATE OF DEATH

Gerald N. Minnich Hagerstown, Maryland

			_		0.	wh	
6			0	6	2	1	
	PEC.	NO				-	

1	FOR STATE REGISTRAR	DEF	PARTMENT OF HEALTH A		NE 6 REG. NO	6 2 7	1
{1	DECEASED NAME FIRST	MIDDLE	Ree		20. DATE OF DEATH MONTH	122/86 9	HOUR 5-9
3.	SEX	4 RACE	5. DATE OF BIRTH	Y YEAR	AGE (IN YEARS LAST BIRTHDAY)		UNDER 24 HRS
1	Female BIRTHPLACE ISTATE OR FOREIGN	White	May 19	1900	85 YR BALTIMORE CITY OR COU		
	COUNTRY)		MARRIED LI NE	ER MARRIED	SALTIMORE CITT OR COU	/ -/.	
	estVirginia CITY OR TOWN OF DEATH	U.S.A.	WIDOWED I	DNORCED []	12a USUAL OCCUPATION	12b. KIND OF BI	MD. USINESS OR
W	illiam sport	Homewood Re	etirement C	enter	Homemaker	G LIFE) INDUSTRY Home	
13	SUAL RESIDENCE (TH NURSING HOME O TO. STATE 13b. COU	NTY 13c. CITY OF	e Before admission) R TOWN 13d. INSI	DE CITY LIMITS?	3e.STREET ADDRESS / ZIP C		40
M	ryland Was	hington Hage	erstown YES	IER'S MAIDEN NAM	348 Pangbo	rn Blvd.	
1	SMATMER'S NAME FIRST	MIDDLE	ST _	FIRST	WIDDLE	LAST	0.7.0
160	Andrew Ja	ckson Mic	I SECURITY NO. 17 INFO	RMANI	Elizabeth	Hawverma	Md.
1	(YES, NO OR UNKNOWN) JIF YES, GI	VE WAR OR DATES)			Page 300 Da	isey Dr.	Hag.
=	18 CAUSE OF DEATH (Enter o			ederick	Reel 300 Da	APPROXIMAT BETWEEN ONS	
NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CON (c) CONDITIONS CONTRIBUTION		ATED TO THE TERMIN	nal disease or condition	GIVEN IN PART 1101	
CEPTIEICATION	190 DATE OF OPERATION	19b. CONDITION FOR V	VHICH OPERATION WAS PE	RFORMED	200 AUTOPSY? 206 IF	YES, WERE FINDINGS RTIFYING CAUSES OF YES	SUSED DEATH?
	OD CONTRIBUTION CALLE OF DE	HOUR A.M. MONT	H DAY YEAR	W INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITEM	18 PART OR PART 2)	
MEDIC	(IF ETHER, NOTIFY MEDICAL EXAMINE 21d, INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, C	21f LOC	ATION TREET	CITY OR TOWN	COUNTY	STATE
	220.1 certify that (1) (this hosp sow the deceased alive or above (1) we) (did) (did no	view the body ofter death.	~ / · / ·	(our) apinion de	oth occurred on the date and		(we) lost uses stated
	77% SIGNATURE	Milleton	M.D		MEDICAL STAFF DIRECTOR PHYSICIAN	Z/Z	4/56
	PHYSICIAN'S NAME (TYPE	Dithe MA	161	O Och His	1 Are Hage	som s	20
23	Bo BURIAL, CREMATION, REMOVAL (SPECIFY)		23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
_	Burial	2-25-86	Resthaven	SE DATE			
24	FUNERAL DIRECTOR		Potomac St.	. 1 3 3 13	O TO 10000	GISTRAR'S SIGNATURI	ndell.
10	larald N Minn	ich Hagarat	dura Marita	A LITH	/ THEN	IN THE WOOD WINDS	meter.

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 20 DATE OF DEATH DECEASED NAME Levi TYPE OR PRINTS ACOB 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 3. SEX 4 RACE 5 DATE OF BIRTH MONTH March 16, 1937 48 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OR FOREIGN 75 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Maryland IISA WIDOWED DIVORCED X Washington IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17a USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY material handlet Pangborn Washington County Hospital Hagerstown USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13g STATE 13h COUNTY 134 CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Washington Funkstown P. O. Box 131 Maryland YES T NOX 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE MIDDLE Stouffer Jacob Reid, Sr. Mary 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Jacob L. Reid, Sr., Funkstown, Md. 217 32 6607 Yes Korean Conf APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line tosta), (b), and (c). PART I. DEATH WAS CAUSED BY: ardiac wer IMMEDIATE CAUSE to AS CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/a IFICATION 20b. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES NOT YES | CERTI 71a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) PM 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY AT HOME STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE

220.1 certify that (1) (this haspital) attended the deceased from an. saw the deceased alive on_

and that in (my) (aur) apinion death accurred an the date and haur and fram the causes stated 220 DATE SIGNED

ATTENDING ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

Clapeland aug.

L. AN DRADE 230 BURIAL, CREMATION, REMOVAL

23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION

NO I

STATE

7b. HOUR

IF UNDER 24 HRS

(SPECIFY burial

Feb. 8, 1986 24 FUNERAL DIRECTOR

Rose Hill Cemetery Hagerstown, Wash., Maryland

MINNICH FUNERAL HOME

415 E. Wilson Blvd., Hagerstown, Md. 21740

DEGREE

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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Dept of Health and Mental Hygiers prior to buriol, cremotion, or removal.	If Item 21 is marked as them 18 share any injerty, at other traumatic event. He made
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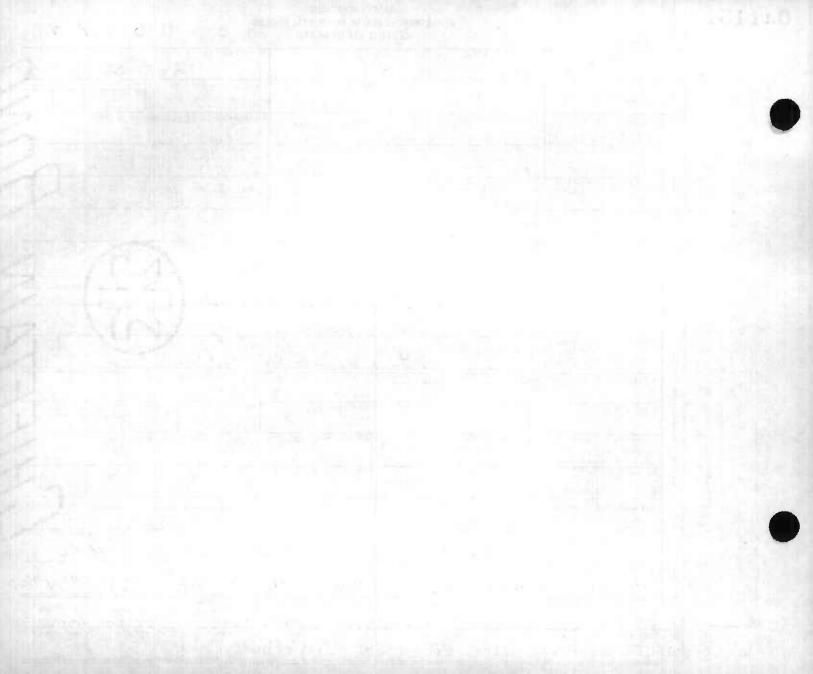
should be detoched for us with the State Dept. of Her IMPORTANT: BP.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

		REGISTRAR				CE	CHIL OI PLAIN		REG. N	0.			
		CEASED NAME	FIRST		MIDDLE	Ö	AST P. 15	2	a. DATE OF DEATH	MONTH D	AY YEAR	26 HOUR	1
		F	OK		MAHONEY	RO	obluson		6	スーク	-86	8/	PM
	3. SEX	FEMALE		4 RACE	HITE	S. DATE O		1	AGE (IN YEARS LAST BIR		ONTHS DATE	IF UNDER ?	MIN.
,				W.F.	ILLE	09	23 190	_	84	YRS.			
1		RTHPLACE (STATE OR FO	DREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE (NEVER MARRIE	ED D	BALTIMORE CITY O	R COUNTY	OF DEATH		
ν		QUEBEC, C				WIDOWE	10.00	-	WASHIN				MD.
	In CIT	TY OR TOWN OF DEAT	TH .		HOSPITAL, NURSING FACILITY, GIVE STREET		R OTHER INSTITUTIO		2a USUAL OCCUPATION TYPE OF WORK FOR MOST CO		12b. KIND O		SSOR
E		HAGERSTOW			IGTON CO		HOSPITA	L	TELE. OPE	RATOR	F00	D	
24	la. S	L RESIDENCE (IF NURSIN	NG HOME OR 13b. COUN		131. CITY OR TOW		13d. INSIDE CITY LIM	AITS?	e.STREET ADDRESS	ZIP CODE	217	88	
9		MD	FRE	DERICK	THURMO	NT	YES NO		0798 Uti	ca Mi	lls C	ircl	e,
21	H. FA	THER'S NAME		MIDDLE	LAST		15 MOTHER'S MAID	DEN NAME	MIDDLE		LAS	r	
(/	PATRICK			MAHONE		BRIGHE'	T				NNEN	
1		/AS DECEASED EVER II	(IF YES GIV	E WAR OR DATES)	16b SOCIAL SECU		17 INFORMANT		ADDRE	Scirc	le, T	hurm	ont
6		NO	N/A		579-20-	5692	JAMES P	. RO	BINSON	10798	Utic		
		18 CAUSE OF DEATH PART I. DEATH WA	Enter on	ly one couse per	r line far (a), (b), an	dicil	2 1				BETWEEN	MATE INTERV	DEATH
				E CAUSE (0)	-	(1)	maice	C	erres-				
		5,000,000		DUE TO, O	R AS A CONSEQUE	NCE OF	111 -6		1/ 2		30.7		
		Canditions, if any,		(d)	K	ecen	J pacte	en	Hy				
		cause (a), stating underlying cause		DUE TO, O	R AS A CONSEQUE	NCE OF		4.	cardia	Mi			
				((c)	(E	der	noscer	28 Cu			yes.		
	z	PART 2 OTHER SIGN	IFICANT C	ONDITIONS CO	ON I KIBUTING TO	DEATH BUT	NOT RELATED TO TH	HE TERMIN	AL DISEASE OR CON	DITION GIVE	N IN PART TO		
-	CERTIFICATION	190 DATE OF OPERAT	ION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		20a AUTOPSY?		WERE FINDIN		
1	H							100	YES NOT	1	ING CAUSES	OF DEATH	
=	E I	21a ACCIDENT WAS UNDE	RLYING	216. TIME C			21c HOW INJURY C	OCCURRED	CENTER NATURE OF INJU			140	
1	CAL	OR CONTRIBUTING C		in .	.M. MONTH D								
	Na.	21d, INJURY OCCURRI		21e. PLACE	OF INJURY	19	21f LOCATION						
	MEDI	WHILE NOT WHILE	18	(AT HOME ST	REET, FACTORY, OFFICE, F	ARM, ETC.)	STREET		CITY OR 10	WN	COUNTY	51.	ATE
		220 certify that (I) (tal) attended th	ne deceased from		19_		. to	1	9	that (1) (w	e) lost
		sow the deceased	d alive on						ath occurred on the de	ote and hour			
		abave, (1) (we) (di 22b. SIGNATURE	a (did no	I) view the body	offer death.	1	DEGREE				27 ₅ DAJE	SIGNED	
			().	120GE	od	(1)	ATTEND PHYSIC		MEDICAL STA		2/6	00	
1		224. PHYSICIAN'S NA	ME (TYPE O	RPRINT		Coc	220 ADDRESS	_			, 11		
1		ABOUL	WI	ATTERI) ws		1610-C	AK,	HIL ME	= H	16. V	4021	1740
-		URIAL, CREMATION, R	REMOVAL	23b. DATE	230 1	NAME OF C	EMETERY OR CREMA	ATORY	23d LOCATION		COUNTY	SI	ATE
		BURIAL		2/7/8	36 Ft		ncoln Cer		Brentwo				D
			G. 1	ouglas	Stauff			250 DATER	REC'D. BY REGISTRAR	256 REGISTR	RARSSIGNAT	JRE P	4
	16	621 Oposs	umto	wn Pil	ke, Fred	leric	k, MD	LED	0.0 1300	1			

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO HOSPITAL



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS

250. DATE REC'D, BY REGISTRAR 256 REGISTRAR'S SIGNATURE

13	1-	FOR STATE REGISTRAR			DEPART	EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.				
		CEASED NAME OR PRINT)	FIRST Rose		elle		binson	20. DATE OF DEATH	ary 20,	1986	26. HOUR 6:48 A
44	3. SE	female	9	4. RACE Whi	te	5. DATE O	DAY YEAR	6. AGE (IN YEARS LAS		IF UNDER TYEAR	HOURS MINL
3E	70 BI	RTHPLACE (STATE OF	FOREIGN		WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CIT		OF DEATH	MD.
2	ROUZETVILLE				OR OTHER INSTITUTION	Housewife INDUS		E) INDUSTRY	126. KIND OF BUSINESS OR		
25	USUAL RESIDENCE (# NURSING HOME OF 130. STATE 13b. COUL. Wash				N 134. INSIDE CITY LIMITS?			2			
11	M. FA	THER'S NAME FIRST Rosby		MIDDLE N.	Poole		15 MOTHER'S MAIDEN NA. FIRST Emma	ME MIDDE M.	.6	Zimme	sı rman
medica		VAS DECEASED EVER ES, NO OR UNKNOWN) NO		RMED FORCES? VE WAR OR DATES)	213-18-9		Mr. Roland G		n Smitl	hsburg	Md.
ial, cremation or remo or other traumatic even		Conditions, if ony gove rise to imcouse (o), stoti underlying cous	y, which	DUE TO, O	R AS A CONSEQU	ENCE OF	-Civona c	(ling			year
to bury,	NOIL						NOT RELATED TO THE TERM				
shaws any in	CERTIFICATION	190 DATE OF OPERA				OPERATIO	n was performed	200 AUTOPSY?	IN CERTIF	s 🗍	INGS USED S OF DEATH? NO []
tem 18	_	210. ACCIDENT WAS UN OR CONTRIBUTING [CAUSE OF DE	ATH HOUR A.	M. MONTH D M.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF	INJURY IN ITEM 18 P	ART I OR PART ?)	
orked or	MEDICAL	21d. INJURY OCCUR	/HILE	21e PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, I	FARM ETC)	211 LOCATION STREET	CITY C	DRIOWN	COUNTY	STATE
, 21 is mo		220.1 certify that (1) (this hospital) attended the deceased from 19 1, to 20, 19 5 that (1) (we) lost saw the deceased alive on 19 1, and that in (my) (our) apinion death occurred on the date and hour and from the causes stated above. (1) (we) (did) (did not) view the body after death.									
NT: If her		276. STONATURE	ne	+1	lad			MEDICAL S DIRECTOR PHY	STAFF YSICIAN []	224. DATE 2	SIGNED 14 86
MPORTANT		22d PHYSICIAN'S N	TIC	ORPRINT)	Cass I	and the same of th	1825 1to	well Rd	Hege	rstown	, ho
=	23a B	URIAL, CREMATION SPECIFY) Burial	, REMOVAI	Peb.2	and the same and		EMETERY OR CREMATORY burg Cemetery	23d LOCATION CITY OF TOWN Smit!	nsburg, k	county lash, MI	STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR

FOR - STATE 066235 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO FUNERAL DIRECTOR: After this

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

	REGISTRAR			Tente of beating	REG. NO.	
	ECEASED NAME FIRST	MIDDLE	D 1	AST	20. DATE OF DEATH MON	1000
1	PEARL	El i zabe	POW ROW!	and .	2	28 86 845 (AM
3. S	EX	4 RACE	5. DATE C		6 AGE IN YEARS LAST BIRTHDAY	IF UNDER 1 YEAR IF UNDER 24 HRS
1	Female	White	MONTH	10 22	63	YRS DAYS HOURS MIN.
	BIRTHPLACE (STATE OR FOREIGN COUNTRY) LVania	76. CITIZEN OF WHAT CO	MARRIEI WIDOWE	NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR CO WASHINGTON	DUNTY OF DEATH
10 0	Hagerstown	Washington			120 USUAL OCCUPATION ("HEOF WORK FOR MEST OF WO	126. KIND OF BUSINESS OR INDUSTRY
130. Ma	UAL RESIDENCE HE NURSING HOME OF STATE Tyland Wash			13d. INSIDE CITY LIMITS?	Rt. Box# 20	32 ^{ODE} 21795
14.1	Clarence -	MIDDLE Ste	evens	Mary Maiden NA	WE	Hornbaker
	WAS DECEASED EVER IN U.S. AR		IAL SECURITY NO.	17 INFORMANT	ADDRESS	
	(YES, NOOR UNKNOWN) (IF YES, GIV	215	-44-9579	John W. Rowl	and,Sr. (item	n 13 above)
200	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gave rise to immediate	D BY: TE CAUSE (b) DUE TO, OR AS A CO	ONSEQUENCE OF	heart farline		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 4 Mago
	couse (a), stoting the underlying cause last.	DUE TO, OR AS A CO	INSEQUENCE OF	Uplosder with I	exale notator	es 13 months
N N	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUT	ING TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITIO	ON GIVEN IN PART 110
CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY? 200	D. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO NO
1 8						
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		NTH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	
MEDICAL C	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MON	19 Y	21c. HOW INJURY OCCUR 211 LOCATION STREET	RED (ENTER NATURE OF INJURY IN I	
	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MON P.M. 21e. PLACE OF INJUR' (AT HOME STREET, FACTOR tol) ottended the decease	y, OFFICE, FARM ETC.)	211 LOCATION STREET	CITY OF TOWN	IEM IB PART I OR PART ?)
	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MON P.M. 21e. PLACE OF INJUR' (AT HOME STREET, FACTOR tol) ottended the decease	d from 19 00 , on	211 LOCATION STREET , 19 65 d that in (my) (auch opinion DEGREE ATTENDING	CITY OF TOWN	COUNTY STATE COUNTY STATE 1966 that (1) (we lost and have and from the causes stated 22c. DATE SIGNED

DHMH - 16 60M 7/84

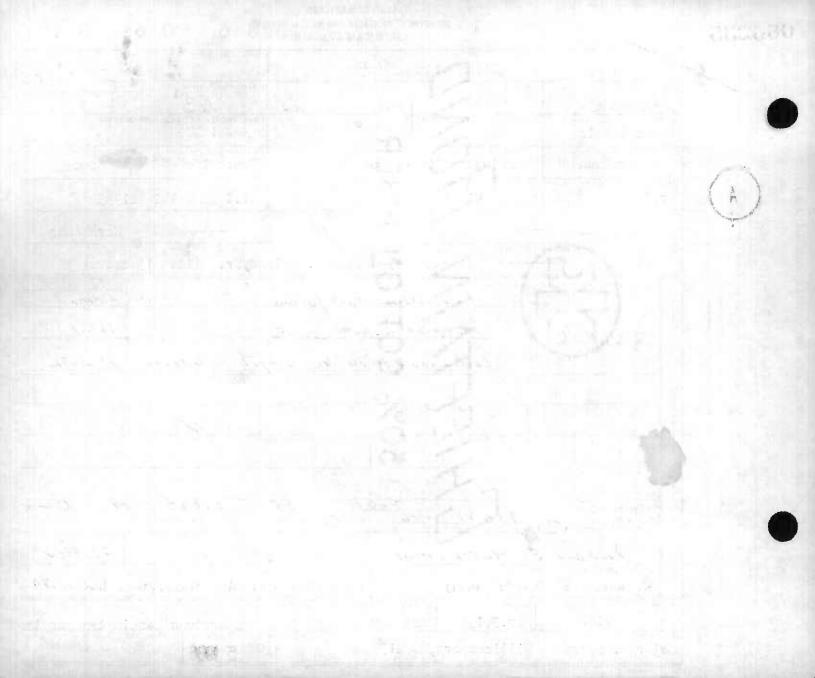
BP.

Major M. Osborne (VRA 15, 4)

Mar. 3, 1986

Rest Haven Cemetery

24 FUNERAL DIRECTOR Williamsport, MD 21795 Hagerstown Washington Maryland
Description Description of the Maryland Maryland
MAR 5 1336 Such a Secretary Signature



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N. Minnich Haggerstown, Maryland

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FOR

Gerald

(VRA 15, 4)

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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noy be poge 3		CRASED NAME FIRST Charle	es Willi	am S	AST X	26. DATE OF DEATH	11 86 DAY YEAR	6 1040 pm
offer o	3. SE	Male	White	S DATE O		6. AGE (IN YEARS LAST BIRT		EAR IF UNDER 24 HRS AVS HOURS MIN.
deoth. Poge funeral direc	N	laryland	U. S. A.	MARRIE	762	9. BALTIMORE CITY OF Washington	County	MD.
by the filed w	На	gerstown	1. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE Washington (County Ho		(TYPE OF WORK FOR MOST OF Pressman	F WORKING LIFE) INDUST	itsburg,Mf
y filled in spould be error the	13a S Ma		TY 13c CITY OR			13e STREET ADDRESS /	n St., 21	1727
ompletely 1 and 2 s	F	Roy A		(Bessie	MIDDLE		oop
medico		VAS DECEASED EVER IN U.S. ARA ves, no or unknown) (1F yes, give NO	war or dates) 16b SOCIAL 220-18	SECURITY NO. 3-2046	17 INFORMANT Cora Mae Cod	Emmîtsb ol, 8533 Ham		1727 ey Rd.
phylic removol.		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY:	O and	liec ara	24	BETW	PROXIMATE INTERVAL ZEEN ONSET AND DEATH
hot the depth by the attend ose remaye cort il, cremothon, or re- other treumotic		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONS	espira	tory gar	len	<u> </u>	
equires the	NO	PART 2 OTHER SIGNIFICANT CO	ONDITIONS <u>CONTRIBUTING</u>	G TO DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR COND	DITION GIVEN IN PAR	T Iro
he low re ion. thos been if permit inene prior	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	206 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAU	NDINGS USED USES OF DEATH? NO [
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offendir offer this of the bu	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	The PLACE OF INJURY (AT HOME STREET, FACTORY, O	FFICE, FARM, ETC)	21f LOCATION STREET	CITY OR TOV	wn COUNTY	Y STATE
ATTENDIFICATION or CTOR A lifer use of Heolife m 21 is me		220.1 certify that (1) (this hospite saw the deceased alive an above, (1) (we) (did) (did not		.19, or	, 19 nd that in (my) (our) apinion	, to death occurred on the do	ote and hour and from	that (1) (we) lost the causes stated
SPITAL OR A by the house be detoched e Stote Dept.		22b. SIGNATURE	eef		-	MEDICAL STAF	F 9/	ATE SIGNED
ro Hospital eroined by the TO Funeral should be det with the Stote		ABDUL WAL	HEED, MO		1610 - 0 AK		HAG. MO	21740
BP		BURIAL, CREMATION, REMOVAL SPECIFY) Burial	15 Feb 86		EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN Keysville	Carrol 758 REGISTRAR'S SIGI	STATE Md
DHMH - 16 60M 7/84 (VRA 15, 4)		ineral director Skiles Funeral H	ome, Emmitsbu	irg, MD		e recid. Bý řeģištrár	158 REGISTRAR'S SIGI	NATURE

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

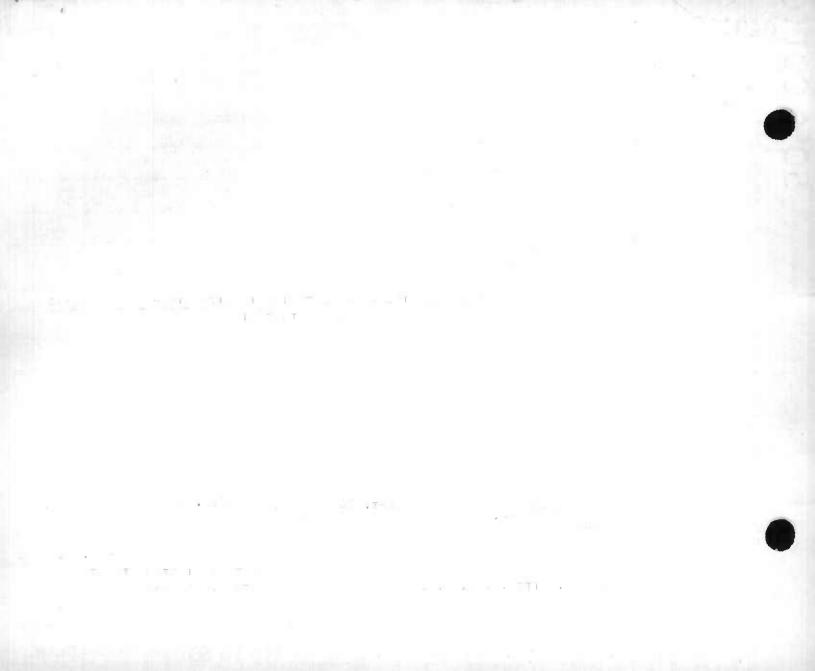
STATE OF MARYLAND

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	REG. NO.				

0		FOR			DEDARTA		IE UP MAKTLAND	TIENE -		
18	1-	STATE REGISLAR			DEPAKIA		HEALTH AND MENTAL HYO FICATE OF DEATH	"6 6 0 6 REG. NO.	2 1	3 6
. 1		EASED NAME	FIRST	٨	MIDDLE		LAST		OAY YEAR	26 HOUR
6	Time.	окряна) НА	ROLD	LER	ΩV	SMIT	u	February 7, 1986		1:10
1	1. SEX		4. RACE		.01	S. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	
	1	Male	1	Whit	e	July	22, 1906 YEAR	79 yrs.	MONTHS DAYS	HOURS
36	(RTHPLACE (STATE OR FO OUNTRY) agerstown	REIGN 7b. CITIZ		S.A.	MARRIE WIDOW	ED NEVER MARRIED DED DIVORCED	Washington	OF DEATH	
00)	ry or town of DEAT agerstown	EIF N	NOT IN SUC	HOSPITAL, NURSIN HEACILITY, GIVE STREET, #3, BOX	ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF Barber	E) INDUSTRY	of Business of employe
36	13a. S	RESIDENCE (# NURSIN TATE ryland		STITUTION		ADMISSION)	13d INSIDE CITY LIMITS? YES NO [X]	Rt. #3, Box 315	1	122
-		THER'S NAME	0				15 MOTHER'S MAIDEN NA	ME		
2///	W	alter R. Sm	nith		LAST		Rena	Mae	Hose	AST
9 7	16a V	AS DECEASED EVER IN		RCES?	16b. SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRESS	11050	
medica	(1	Yes	Army WW		217-30-55		Jessie M. Sm:	ith Hagerstown, M	id.	
<u>4</u>		18 CAUSE OF DEATH	(Enter anly one co	ause per	line for (a), (b), one	d (c).1			APPRO	XIMATE INTERVAL NONSET AND DE AT
event,		PART I. DEATH WA	S CAUSED BY: MMEDIATE CAUS	E (o) A	DENOCARC	INOMA	OF RECTOSIGN	-BOIN HTIW OLD	3-4	YEARS
ar other traumotic		Conditions, if any, gove rise to imme couse (a), stating underlying cause	which diate	ıb)	R AS A CONSEQUE					
injury, o	NO	PART 2 OTHER SIGNI	FICANT CONDIT	ЮNS <u>СС</u>	ONTRIBUTING TO E	DEATH BU	T NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIV	EN IN PART 1	la ·
	CERTIFICATION	190 DATE OF OPERATI	ON 19b	CONDI	TION FOR WHICH	OPERATIO	ON WAS PERFORMED	IN CERTIF	S, WERE FIND YING CAUSE S	INGS USED S OF DEATH?
9		210. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	USE OF DEATH		FINJURY M. MONTH DA M.	AY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 P	ART I OR PART 2)	
rked or	MEDICAL	21d INJURY OCCURRE WHILE NOT WHIL AT WORK	E []		OF INJURY SEET FACTORY OFFICE F	ARM ETC }	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
21 is mo		220-1 certify that (1) (1) saw the deceased abave, (1) (1)	A (did nat) view to	C. 3	e deceased from	SEPT 85	, , ,	death accurred on the date and hau	19 86	, that (1) (XX) e causes stated
IT: If her		226 SIGNATURE	une iv	- 8	How	- MC		MEDICAL STAFF DIRECTOR PHYSICIAN		8, 198
IMPORTANT		22d. RHYSICIAN'S NA					22e. ADDRESS 217	WEST WASHINGTON S	TREET	
2		EDWARD	N. DETTO	, 11	1, M.D.		HAGE	RSTOWN, MARYLAND	21740	
≤		URIAL, CREMATION, R					CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	I' Other	STATE
_	(Burial	. Feb	b. 10	0, 1986 R	lest I	Haven Cemetery	Hagerstown Was	hingto	

DHMH - 16 50M 4/83 (VRA 15, 4)

415 East Wilson Blvd. Hagerstown, Md. 21740



requires that the death certificate be executed within 24 hours after death Page 4 may be	in signed by the ottending physician and complete white lets the formers wheeter, page 3. Then please remove corbonoppers. Fages 1 oh 2 should like antife 2 layers ofter death or to buriol, cremotion, or removal.
BOY	pog.
19e 4	urs of
oth Po	12 8
ar deo	學
rs afte	39 98
, hau	10
hin 2	n signed by the ottending physicial acd complete inedia of le by the formal of the please remove carbonopers. Force Lett. Subject of the filed within 20 is in buriol, cremotion, or removal. In the buriol, cremotion, or removal. In medical complete transfer from the medical complete transfer from the medical complete transfer.
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xecute	377
pe e	15.70
ficate	physic npape naval
h cert	ding orbor or rer
deat	often often, roum
at the	se rem crem
es the	n signed by the ottending physicia I hen please remove carbon papera ir to burio! cremotion, ar removal. injury, or other troumatic event, the
edoi	Ther r to b

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

١	FOR STATE REGISTRAR				EALTH AND MENTAL HYG	5 6	0 6	2	8 7	
ł	1. DECEASED NAME FIRST		AIDDLE	1	AST	REG. No.	O. MONTH DAY	YEAR	26 HOUR	
	(TYPE OR PRINT) Lillian		J.ane	SN	NITH	February	21. 198	6	13:15	PM
I	3. SEX	4 RACE	1-7-5	S. DATE C		6 AGE (IN YEARS LAST BIR	THDAY) IF UN	DER I YEAR	IF UNDER 24 H	HRS.
	Female	White		Augu	st 18, 1903	82	YRS.	DATS	HOURS IN	NIN.
1	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)		WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O	_			
1	Maryland	USA		WIDOWE	DIVORCED [Washingt		rtn		MD.
4	Hagerstown	(IF NOT IN SUC	H FACILITY, GIVE STREET AD	DRESS)	DR OTHER INSTITUTION	(TYPE OF WORK FOR MOST C Housewif		NOUSTRY	of Business me	OR
1	USUAL RESIDENCE IN NURSING HOME O 130. STATE Wary land Wash	rother institution	GIVE RESIDENCE BEFORE AI 13. GTY OR TOWN WITTIAMS P	ort	13d INSIDE CITY LIMITS?	13e STREET ADDRESS /		217	95	17
ы.	4. FATHER'S NAME FIRST Charles	MIDDLE	Blank		IS MOTHER'S MAIDEN NAM			Mis		
1	160. WAS DECEASED EVER IN U.S. AF	MED FORCES?	16h SOCIAL SECURI	TY NO.	17 INFORMANT	ADDRE	SS	1113	3	_
١		VE WAR OR DATES)	236-50-15		Mrs.Richard	Snyder 8 S.	Vermont	St.W	mspt.,	, MD
Î	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUST IMMEDIA	nly one couse per ED BY. TE CAUSE (o)	line for 101, (b, ond	المتا	Hemon	rlogo		APPROXI BETWEEN O	MATE INTERVAL ONSET AND DE	ATH
	Conditions, if ony, which gove rise to immediate couse fol, stating the underlying couse lost	(b) DUE TO, OF	R AS A CONSEQUEN R AS A CONSEQUEN ONTRIBUTING TO DE	ICE OF	NOT RELATED TO THE TERM	1 2 4	DITION GIVEN II	N PART III	D	
1	190 DATE OF OPERATION 210 ACCIDENT WAS ANDERLYING	196 CONDI	TION FOR WHICH O	PERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING	RE FINDING CAUSES	NGS USED TOF DEATH?	,
1	00 000 000 000 000 000 000 000	A I D	W. MONTH DAY	YEAR 19	21c HOW INJURY OCCUR			OR PART 2)	110	
l	OR CONTRIBUTING CAUSE OF DE LIFE ETHER NOTIFY MEDICAL EXAMINE THE LAT WORK AT WORK AT WORK	218. PLACE (EET, FACTORY, OFFICE, FAR		211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATI	E
	220.1 certify that (1) (tBC XXX) saw the deceased alive or above, (1) (vX) (dX) (dX)	7 00	A.	May	28 , 19 62 and that in (my) (36) opinion o	to Feb. 2 death accurred on the de			that (I) (
	22b. SIGNATURE	11116	Melu	1	D. ATTENDING PHYSICIAN K	MEDICAL STAI	F IAN [27c DATE 2-2	SIGNED 24-86	
	Max E. Byrkit					est Potomac iamsport, M		217	95	
T	230 BURIAL, CREMATION, REMOVAL			ME OF C	EMETERY OR CREMATORY	23d. LOCATION	201	INTY	52.47	
	Burial	Feb. 24,	1986 Gre	enla	wn Mem. Park	Williamspo	rt Wash	ingto	n Mary	yland

DHMH - 16 60M 7/84 (VRA 15, 4)

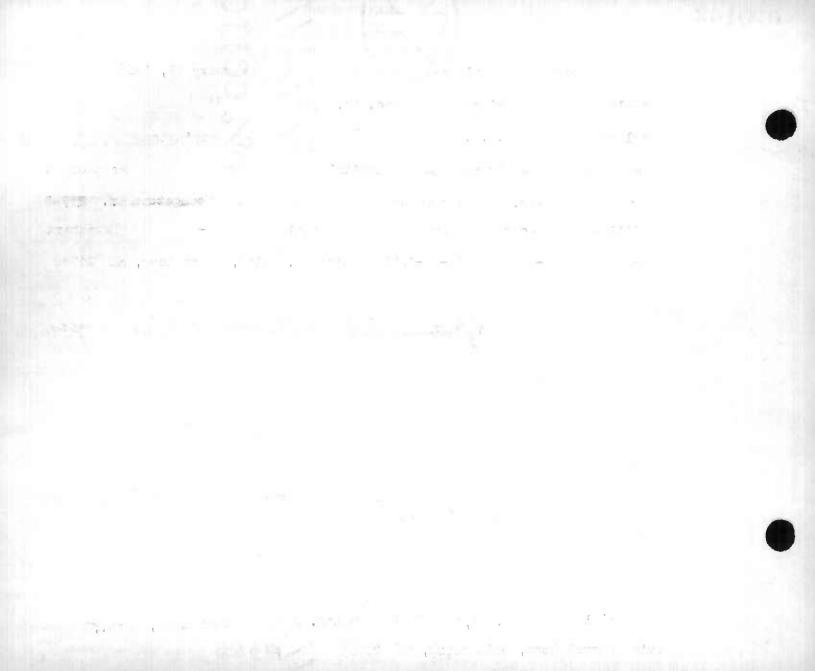
BP.

TO FUNERAL DIRECTOR: After the should be detoched for use as the with the State Dept. of Health and IMPORTANT: If hem 21 is marked.

24 FUNERAL DIRECTOR Major M. Osborne Wmspt., MD

250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE
FFR 2. 8 1986 Junia Bandon Randon

070162	1	FOR STATE REGISTRAR		EPARTMENT OF I	HEALTH AND MENTAL HY FICATE OF DEATH	REG. NO.	6 2 8 8
4 M-E		ECEASED NAME FIRST PE OR PRINT)	MIDDLE		LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
may be page 3 ter death		Mary	Madlene		ITH	0 17	1986
4 mo	3. S		4 RACE	MONT	OF BIRTH H DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN
ge . Jrs o		Female	White	Dec	. 12, 1919	66 YRS	
oth. Po	70.1	SIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT CO	UNTRY?	D NEVER MARRIED	9. BALTIMORE CITY OR COUN	
de de		Maryland	U.S.A.	WIDOW		Washington	
by the fulled with	×	Hagerstown	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, G Washington	IVE STREET ADDRESS)		176 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126. KIND OF BUSINESS OF INDUSTRY Restaurant
24 havr	13a.	JAL RESIDENCE (IF NURSING HOME STATE 13b. CC	DUNTY 13c. CITY	OR TOWN TS TOWN	13d. INSIDE CITY LIMITS? YES NO 🔯	13. STREET ADDRESS / ZIP CO 2001 Youngston	ope un Br. 21740
tely 2 sho	14. F	ATHER'S NAME			15 MOTHER'S MAIDEN NA	AME	
and 2		William	Oscar	reen	Nettie	WIDDLE	Dagenhart
es 1 con		WAS DECEASED EVER IN U.S.		IAL SECURITY NO.	17 INFORMANT	ADDRESS	
Dua Pou		(YES, NO OR UNKNOWN) (IF YES.	GIVE WAR OR DATES) 216-	-22-1643	Steven O. S	mith, Hagerstown	n, MD 21740
has been signed by the attending a street of him please employed carbon pens prior to buriol, cramation, or rem dows any injury, or other troumdric ex-	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN 19a. DATE OF OPERATION	DUE TO, OVAS A CO		DN WAS PERFORMED	YES NO NO IN CER	YES, WERE FINDINGS USED THEYING CAUSES OF DEATH? YES NO
Physical Phy		21d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF		NTH DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)
de rente de	\ \S	(IF EITHER, NOTIFY MEDICAL EXAM	INER) P.M.	19	1001101		
this this dor	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE	21e. PLACE OF INJURY (AT HOME, STREET, FACTOR)		211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
the the price		AT WORK				7 7 7	12/
Nes Heal			aspital) attended the decease	o mom	-3 19 5	10 2-17	_, 19 86 , tha (1) (we) I
R ATTEN haspital IRECTOR hed for u ept. of He			nat view the bady after deat	h. 19,5 C		n death occurred an the date and h	
Oche Dire		226. SIGNATURE	E sl.	Zu.	DE GREE ATTENDING	MEDICAL _ STAFF	2-19-86
RAL RAL	-	224 PHYSICIAN'S NAME (IV	7 Thes	pn	PHYSICIAN 22e ADDRESS		10.11-00
etoined by TO FUNERA should be de with the Stat MAPORTANT		Charles	11	M.D.	Smithish	surer ma	
BP	23a	BURIAL, CREMATION, BEMOV (SPECIFY) Buria	Feb. 20.19		cemetery or crematory awn Mem. Park	CITY OR TOWN	COUNTY STATE
HMH - 16 50M 4/B3 (VRA 15, 4)		FUNERAL DIRECTOR avis Funeral	me Smithsbur	kerio	25a. DA	TE REC'D. BY REGISTRAR 256. REG	ISTRAR'S SIGNATURE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Em.		0	1		(3)
0		- (.)	- 13	and the same of th	65
- 0	EC NI	7		614	~

K		CEASED NAME OR PRINTI
-0	3. SE:	x female
101	Ta BI	RTHPLACE (STATE C
20	1	Maryland
10	1	ITY OR TOWN OF D
201	UsU.	Hagerstown AL RESIDENCE (# NL
25		Maryland
11/	14. FA	ATHER'S NAME
7+		unknow
V		YES NO OR UNKNOWN)
No. 31 fem 21 is marked or frem 18 shows any injury, or other traumatic eventy.	MEDICAL CERTIFICATION	210. ACCIDENT WAS UNDERSTORED IN SIGNATURE 210. TO COUNTY OF THE PROPERTY OF
00/		1-

1							1120.11				
	CEASED NAME	FIRST	Eliza	beth	.5	AST	20 DATE OF DEATH	MONTH D	YEAR O	26 HOUR	5
3. SE	1′	luth	RACE	3.	5. DATE C	L DIDTH	6. AGE (IN YEARS LAST BIR) d = 1	IF UNDER 1 YEAR	IF UNDER 2	PA
	female	The state of the s	white		MONTH	DAY YEAR			MONTHS DAYS	HOURS	MIN,
6						ember 1,1914	71	YRS			
	IRTHPLACE (STATE ORI	OREIGN 7	b. CITIZEN OF		MARRIE	D NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY	OF DEATH		
	Maryland		USA		WIDOWE		Washingt	on			ME
10 C	ITY OR TOWN OF DEA	TH I			URSING HOME C	OR OTHER INSTITUTION	126. USUAL OCCUPAT		12b. KIND O	F BUSINES	SS OR
1	Hagerstown				County	Hospital	cashier			auran	it
	AL RESIDENCE (# NURS	13b COUNT		GIVE RESIDENCE		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ 7In CODE			
	Maryland		ngton		rstown	YES X NO	6 Cypres			2174	0
I L. F.	ATHER'S NAME					15. MOTHER'S MAIDEN NA	ME				
	unknown	M	DDLE	Higgs	51	Mary	E.		You	no	
16e \	WAS DECEASED EVER	IN U.S. ARM			SECURITY NO.	17. INFORMANT	ADDRI	ESS		6	
1	YES NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	19-20		Mary P. Sc	haffnit, Ha	gersto	own, Md		
	I CAUSE OF DEAT	H (Enter anly	one couse per	line for (a).	b) and #					MATE INTERV	/AL
	18 CAUSE OF DEAT PART I. DEATH W			de la	ester (" ARTON	instois bon	che	SETWEEN	ZINGET AIRD D	ZAIN
	Land Control	IMMEDIATE		1		4	1				
	Canditians, if any	biah	DUE TO, O	R AS LON	SEQUENCE OF	1 de su to	the				
	gave rise to imr	nediate	(6)_		(4)	1					_
	cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF										
	DART 2 OTHER CICA	HEICANIT CO	(6)	DALTDIDLITIAL	C TO DE ATU BUT	ALOT DELATED TO THE TER-		0.710.1.011			_
z	PART 2 OTHER SIG	VIFICANI CC	JNUITIONS <u>CC</u>	אווטמואואנ	G TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVE	EN IN PART TO		
CERTIFICATION	190 DATE OF OPERA	TION	TIPL COND	TION FOR W	VHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	Tanh IF YES	, WERE FINDIN	IGS LISED	
100	THE DATE OF GIVEN		170 COM	INDIVIOR I	THE TOTAL AND	THE TENTONINED		IN CERTIFY	YING CAUSES	OF DEATH	
5	21a. ACCIDENT WAS UNI	DERIVING	21b. TIME O	E INTITION		21¢ HOW INJURY OCCUR	YES NO	YES		№ □	
	OR CONTRIBUTING		110110 4		H DAY YEAR	THE HOW INJURY OCCUR	KED (ENTER NATURE OF INJU	KA IN ILEW IS DY	ART I OR PART 2)		
MEDICAL	HE EITHER NOTIFY MEDI			M.	19	211 1 2 2 1 7 1 2 1					
1	21d INJURY OCCUR		(AT HOME, STE		OFFICE, FARM, ETC }	211 LOCATION STREET	CITY OR TO	IWN	COUNTY	51/	ATE
	AT WO	RK L			7	11.3 0	10	,	Cola		
	220 I certify that (I)		il) attended th	e deceased	Cla	19_10	, to7.00	1)	19 30	that (I) (w	e) last
	saw the decear abave, (1) (we) (ed alive an_ dyd) (did nat)	view the bady	after death.	19 8 12 or	nd that in (my) (oir) apinian	death accurred an the d	ate and havi	and from the	auses stat	red
	226. SIGNATURE	2/1	1 10	0		DEGREE			22c. DAJE	SIGNED	
		RI	Melle	call 2	Me	ATTENDING PHYSICIAN	MEDICAL STA		2/19	106	
	22d PHYSICIAN'S NA	ME PE OR	PRINT)			220 ADDRESS	1/	. 1		1	1
	1-1	11	WEEK	S		590 NorThe	ne HV	HACK	218 Jour	led	U
	BURIAL, CREMATION,	REMOVAL	23b. DATE		23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION	11/0	7 110		
	burial		Feb.20	,1986	Rest Ha	ven Cemetery	Hagersto	wn, Wa	sh., M	ary1a	and

DHMH - 16 60M 7/84 (VRA 15, 4)

MINNICH FUNERAL HOME 24 FUNERAL DIRECTOR 415 E. Wilson Blvd., Hagerstown, Md. 21740 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

lia Davidson-Randelle

8-6-3

063075

PRESTON 51. BALTIMORE, MARYLAND 2129

DIVISION OF VITAL RECORDS, 201 W.

FOR - STATE

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	LDE	CEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH	MONIH DAY	YEAR	26 HOUR TO
0	(TYPE	ORPRINT)	Francis	0 1-	,	1 11	.04		10000
	3. SE	WILLE	4 RACE	5. DATE C) C D IDTH	6 AGE (INYEARS LAST BIR	TUDAY!	UNDER I YEAR	IF UNDER 24 HRS
	3. SE	nA		MONTH		6. AGE TINTEARSTASTOR		VIHS DATS	HOURS MIN.
		14	CAUC.	3	6 27	58	YRS		
1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COL	INTRY? 8.	DE NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF	FDEATH	
		1.5.X.	USA	WIDOWE		mash	Co.		MD.
C)	10. CI	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL,		OR OTHER INSTITUTION	12a USUAL OCCUPAT		126. KIND O	F BUSINESS OR
	W	agenstonn	mash Co	4/	'+x/	Domisairy	Asst.	Med	ical
18		AL RESIDENCE (IF NURSING HOME OF		CE BEFORE ADMISSION)	A 124 INTERNE CITY I INTERM	13e STREET ADDRESS	/ 710 CODE	2	1782
9	1	11 0	156 860	ROSDO	13d. INSIDE CITY LIMITAR	P.O. BON	100/	1112	Maine C
1	D FA	ATHER'S NAME	13.173	WIS DON'S	15. MOTHER'S MAIDEN N			,,,,	111/4.10 31
1	1	Roy	<u>MidDile</u> Smil	îth	Annie	Cath	erine	H	aupt
1		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCI	AL SECURITY NO.	17 INFORMANT	ADDR	ESS	-7.	
	()	YES, NO OR UNKNOWN) (ILYES GIV	WAR OR DATES) 216-	22-1600	2. Trash	(CO NESP.	167	19 57	- NAQ!
		CAUSE OF DEATH (Enter on		Ab. and/c.1	1	1		APPROXE BETWEEN	MATE INTERVAL
П		PART I. DEATH WAS CAUSE	D BY:	rdioravi	monay an-	at .			Didd Party Death
		IMMEDIA	TE CAUSE (a)	11	21	,			Lear
- 9		6 10 11	DUE TO, OR AS A COI	ISEQUEACE OF	photo 475	milana	disease	5	dan
	100	Conditions, if any, which gave rise to immediate	(b)	mone)	o sylvaction	Morning	11 Jeans		
ú		cause (a), stating the underlying cause last	DUE TO, OR AS A COL	4	A 100				
		onderlying cause last	(c) (d)	nonay a	wery Usea	222			
1	z	PART 2 OTHER SIGNIFICANT	11 01 1-1		NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN	IN PART 1:0	
-	CERTIFICATION	190 DATE OF OPERA	196 CONDITION FOR		INI WAS DEDECTATED	20g AUTOPSY?	20b. IF YES, W	VEDE EINIDIN	ICC HISED
1	문	170 DATE OF OPERA	176 CONDITION FOR	WHICH OFERATIO	WAS FERFORMED	200 AUTOF31:	IN CERTIFYIN	G CAUSES	OF DEATH?
	RT					YES NO	YES [NO 🗌
0	1.500	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	10 TIME OF INJURY	TH DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	1 OR PART 2)	
1	CA	(IF EITHER NOTIFY MEDICAL EXAMINE		19					
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY,	0.000.000.000	211. LOCATION	CITY OF TO	IWN	COUNTY	STATE
	2	WHILE NOT WHILE AT WORK	(AT HOME STREET, PACTORY,	OFFICE, FARM EIC)	31466	(11 01 14	,		31416
		220.1 certify that (1) (this hospi	ital) attended the deceased	from	. 19		124 19	86	that (1) we) last
	10	sow the deceased alive on above (II) (we) (did) add no	2/18	_19_86 , or	nd that in (m) (our) opinia	n death occurred on the	ate and haur or	nd from the	causes stated
		22b. SIGNATURE	view the boddy after death		DEGREE			22c DATE	SIGNED
		K	1/1/	V	ATTENDING	MEDICAL STA	FF.	01	25 Job
1		THE PHYSICIANS NAME THE	or Figure / Lynn		22e ADDRESS	DIRECTOR PHISIC	IAN [1 49	180
	103	01	Kill		1 A= 1	1	1/2/	1 311	111
-		1.61	1) Ugler		1 Geern 1	1.0	edy sinll	(A)	9
		BURIAL, CREMATION, REMOVAL		A STATE OF THE REAL PROPERTY.	EMETERY OR CHEMATORY	23d. LOCATION	1	YINUO	STATE
		Burial	Feb. 27, 1986	Mt. View	Cemetery	Sharpsbur			laryland
	24 Ft	UNERAL DIRECTOR			250 DA	ATE REC'D. BY REGISTRAR	256 REGISTRA		

DHMH - 16 60M 7/B4

(VRA 15, 4)

Major M. Osborne Williamsport MDs

FEB 2 8 1986 Julia Davidson Randelle

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dromancia i kao malana, com fersh

U.E.B.

Thompson Functal Bone, Inc. Clear Spring

Williamsort Loute #2 Box 340 - Housewill

X Boute # 2

The Tier C. Smedderly Jr. Williamor

a lower on detail from all there for affects

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Box 208

Hone

Poste 5 2

July 23 1932

is the red the letter to the think it is

2-5-86 Cedar Lawn Memorial Pk. Engerstown, Mash., Ho.

9 70 1

lotal Circulatory collapse

- samant croate fala

A sumatic Heart Disease; Selatre disorder; hecur ent urb ary ections

- - - 9/10/1

38-41-3

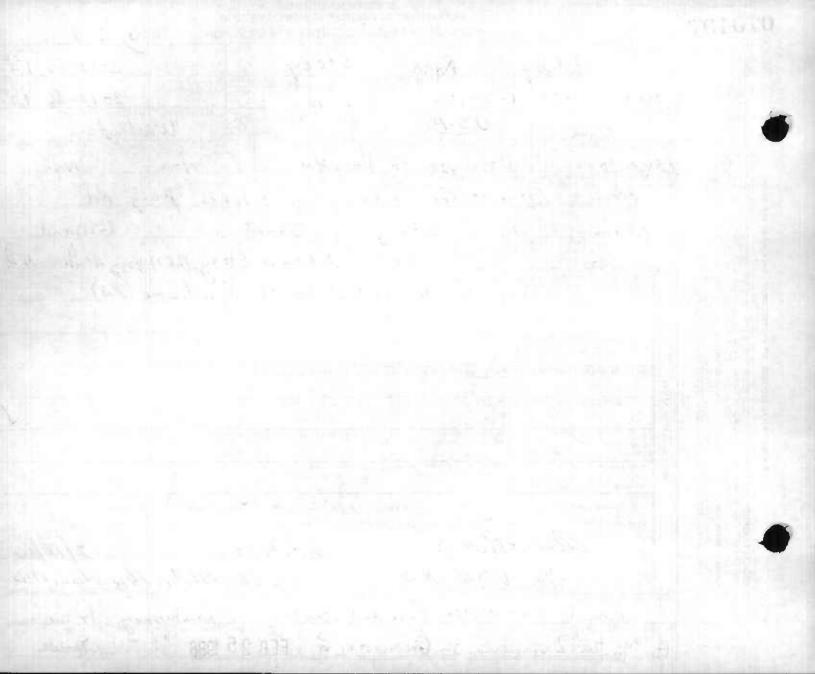
none Leb 13 86 Lay 20'62 February of

william w. Lesh M.D. #11 Division Ave Hagerstown, Md.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 049116 REGISTRAR EASED NAME 20 DATE KNOWN YPE OR PRINT Jean BARBARA SPENCE DEATH MATED & Feb. 8,1086 4 RACE 6. AGE (IN YEARS | IF UNDER 1 YR. | IF UNDER 24 HRS S. DATE OF BIRTH DATE LAST BIRTHDAY white female Oct. 25, 1938 DEAD 47 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) Washington DIVORCED X USA WIDOWED [Maryland B CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 124 USUAL OCCUPATION (TYPE OF WORK 124 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Route 2, Benevola Church Rd. Boonsboro WAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 134 INSIDE CITY LIMITS? 1130 STREET ADDRESS 3a STATE 113h COUNTY 13c. CITY OR TOWN Rt. 2. Benevola Ch. Rd. Washington Maryland Boonsboro NO X 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE William T. Gelwicks Carter Mary 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS 220-34-0343 Anthony Barnes, Hagerstown, Md. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (g) Drug Overdose (Code E-950) hours DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME. 21f LOCATION EXECUTE THE CERTIFICATE, WRITH PAGE & SHOUND BE PORWARDEE TO FUNKRAL DIRECTOR, PAGE 3. AFTER DEATH, WITH THE STATE DE BAFFIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.I. CITY OR TOWN COUNTY WHILE AT WORK 220. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinian Suicide X death resulted fram Accident Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL 2/10/86 MD DEPUTY SIGNATURE MEDICAL EXAMINER 580 Northern Avenue Howard N. Weeks, M.D. EXAMINER'S NAME (TYPE OR PRINT) Hagerstown Md. 21740 23a BURIAL, CREMATION REMOVAL 23b, DATE 23d LOCATION 23c NAME OF CEMETERY OR CREMATOR Hagerstown, Wash., Maryland Feb.11,1986 Rest Haven Cemetery burial 07/84 250. DATE REC'D. BY REGISTRAR 1266 REGISTRAR'S SIGNATURE 25M 24 FUNERAL DIRECTOR MINNICH FUNERAL HOME DHMH - 17 Davidson - Randell 415 E. Wilson Blvd., Hagerstown, Md. 21740 (VR A15 ME (5))

STATE OF MARYLAND

	1				OF MARYLAND			
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W SOLA O		18 CAUSE OF DEATH (Enter only	ane cause per line far (a).	(b)mond (c).)		. 0	APPROXIMATE IN	INTERVAL
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WE HOLL		death resulted fram: Natural	causes Accide	ent L.J., Suicide	, Hamicide	Undetermined manner		
A SECOND		ACTUAL ACTUAL	KATO		TITLE (SPECIFY)	/	-1-	10.
N SEE SEE	1	SIGNATURE	CAWIN D.		_M.D. Deat 1959	SEDICAL EXAMINER	DATE SIGNED 2/18/	86
BEASOS//	1	EVANAINIED'S NIAME MILE	1174-11	2 >	1/10	011/111	11 1	1.
#5850E		EXAMINER'S NAME	NON DIKE	nas.	ADDRESS 610	UKKISTI HVE.	Hages Youn	14
PAY TO	23a.Bl	IRIAL, CREMATION, REMOVAL 236	DATE 23	. NAME OF CEMETE	RY OR CREMATORY	23d LOCATION		
6666600	(5	Rural	2-26-R86	Nosla	d Cemetery	CITY OF TOWN	COUNTY	E
25M 7 7	24. Ft	INERAL DIRECTOR		TOP Just		REC'D. BY REGISTRAR 25b REG	GISMAR'S SIGNATURE	
(VR A15 ME (5))	111	MAM + 7	ADDRESS	Chan and	L. B crr	2.5 1986 Police	ž. 2	4
((c) and c(NA)		I luman Lum	merry Ja	. Greencast	C AC LLL	1 U IAND 1/wha	Davidson-Randella	



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21201	ed within 24 hours other death. Page 4 may be	unpletely filled in by the fuggiol director, page 3 and 2 stroids be filled within 72 hours after death	1 1 1 1 1 1 1
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

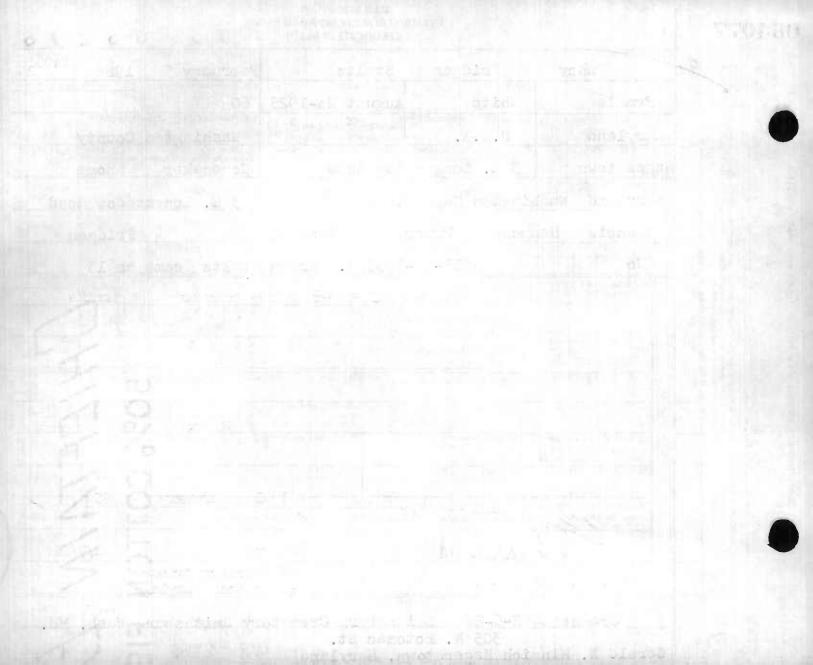
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		REGISTRAR			CERTIFICATE OF DEATH						. 0	1 6	9 9 2
37		CEASED NAME	FIRST	Ann			2a DATE OF	DEATH /	MONTH D	AY YEAR	2b. HOUR		
	1111	11 -	25/43		7.	STRALEY				Feb 24			110 DM
77	1.5€		-	RACE		S. DATE C			6. AGE (IN YE	ARS LAST BIRTH		IF UNDER 1 YEAR	IF UNDER 24 HRS
	1	female		wh	ite	Apr	il 28,	1937	48		YRS.	ONTHS DAYS	HOURS MIN.
Z	7n; 88	THPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	n T NEVER	MARRIED -	9 BALTIMOR	RE CITY OF		OF DEATH	
1	Ì	Maryland		USA		WIDOWE	_	ONORCED	Wa	ashin	gton		MD.
10	10 CI	TY OR TOWN OF DEA	тн		OSPITAL, NURSIN		OR OTHER IN	STITUTION	120 USUAL C				F BUSINESS OR
/		Hagerstown	1	Washii	ngton Co	unty	Hospi	tal	(TIPE OF WORK	FOR MOST OF	W ONKING (III)	INDOSTRI	
21		RESIDENCE (# NURS	136 COUN		GIVE RESIDENCE BEFORE		113d INSIDE	CITY LIMITS?	13e STREET A	DDRESS /	ZIP CODE		
9	1	Maryland	Was	hington	Williams		YES 🗌	NO X				Circle	21795
11	TA FA	THER'S NAME		MIDDLE	LAST	-	15 MOTHER	S'S MAIDEN NA	WE	WIDDLE		LASI	1
10		Warren			Carte	er	A	nna	R.VAL	L.		Ebe	rsole
/		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORM	MANT	10.1237	ADDRES	SS		
		Vo				- 1	Jose	oh E. S	Straley, Williamsport, Md.				
		18 CAUSE OF DEATH	H (Enter on	ly one cause per	line for (a), (b), pno	d (c).)			1	4		BETWEEN	MATE INTERVAL ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Define his two to lymphone								10	Whom		
		DUE TO, OR AS A CONSEQUENCE OF											
	120	Conditions, if ony, which gove rise to immediate											
	100	cause (a), stating the underlying cause lost DUE TO, OR AS A CONSEQUENCE OF											
		underlying cause	1021	((c)									
	z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN								N IN PART Ita	1		
9	CATION	90. DATE OF OPERAT	HON	TION CONIDI	TION FOR WHICH	OPERATIO	NI MAKA S DE DE	OBMED	20e AUTO	Dcv2	101 IE VEC	WERE FINDIN	ICC LICED
7	亚	W. DATE OF OPERAT	1014	148. CONDI	TION FOR WHICH	OFERATIO	IN WAS FERF	ORMED			IN CERTIFY	TING CAUSES	OF DEATH?
1	CERT	21a. ACCIDENT WAS UND	ERLYING [21b. TIME O	F INJURY		121c HOW	NJURY OCCUR		NO D	YES		NO 🗌
9	AL C	OR CONTRIBUTING . C	AUSE OF DEA	TH HOUR A.I	M. MONTH DA				NED TEINIERINA	OKE OF INSOM	THE THE PER	41104744127	
	DIC	21d INJURY OCCURR		21e PLACE (19	211 LOCAT	ION					
	ME	NOT WH			EET, FACTORY, OFFICE, FA	ARM, ETC.)	STRE			CITY OR TOW	/N	COUNTY	STATE
		220.1 certify that (I)		ral) attended the	deceased from_		6 8	1 10	ta	3 2	4	. 06.	that (I) (we) last
		sow the decease	d olive on	110	91000	, or	nd that in (m)	(aur) opinion	death occurred	on the dat	te and hour	and fram the c	causes stated
	0.00	above, (1) (we) (d	lid) (did nai	view the body	after death.		DEGREE			- 124		22c. DATE S	SIGNED
	93	Luch		41	V. A	h	12	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF		12/21	1/01
1	0	220 PHYSICIAN'S NA	ME (TYPE O	RPRINTI			22e ADDRE		- DINECTOR E	4 6	1/		1,100
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-	1	URIAL, CREMATION,	REMOVAL	23b. DATE				CREMATORY	23d LOCAT	OR TOWN		COUNTY	STATE
	_	DUTIAL INERAL DIRECTOR	8 A I		8,1986 G			em. Pai				Wash.,	Md.
4		NAME			FUNERAL agerstow			MARA	3 198	94	Sh. REGISTR	Che Maria	A A
	-	rio L. Wiis	OII D	ivu., n	agerstow	it, ivit	u. 217	400		U			

DHMH - 16 60M 7/B4 (VRA 15, 4)

ALL ED. HAM



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	STATE OF MARYLAND
FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH

AL HYGIENE **CERTIFICATE OF DEATH**

B 6 REG. NO.	0	6	2	9	

	neotorium.			REG. NO.							
1	I DECEASED TAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR						
1	Howard	R.	Taylor	Feb.	8 1986 12:16 PM						
	3 SEX 4	RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.						
d	Male	White	9 25 1911	74 YRS.	MONINS DATS HOURS MIN.						
1	TO BIRTHPLACE STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?	MARRIED THEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH						
2	U.S. Maryland	U.S.	WIDOWED DIVORCED	Washington Cou	ntv MD.						
76	CITY OR TOWN OF DEATH	 NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A) 		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING)	12b. KIND OF BUSINESS OR INDUSTRY						
1	Hagerstown	Washington Coun		State of Md.	Guard						
1	USUAL RESIDENCE (IF NURSING HOME OF OT			13e STREET ADDRESS / ZIP COD)F						
2		ngton Hagersto		721 S. Potoma							
i	M. FATHER'S NAME		15. MOTHER'S MAIDEN NAM	ME							
1	Allen	Taylor	Martha	WIDDLE	Trone						
	160 WAS DECEASED EVER IN U.S. ARME	ED FORCES? 166 SOCIAL SECUR	RITY NO. 17 INFORMANT	ADDRESS 1 S	. Potomac St.						
	NO.	214-09	-8012 Mrs. Anna B	B. Taylor, Hage	rstown Md. 21740						
	18 CAUSE OF DEATH (Enter only	ane cause per line far to the unit	ic /	4-	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
J	PART I. DEATH WAS CAUSED IMMEDIATE	CAP	Myocardin	Turavotion	4hrs						
31		DUE TO GRAS CONSTIQUENCE OF ALL OLA ALL ALL ALL ALL ALL ALL ALL ALL									
Н	Canditians, if any, which	1 Kuntus	Abdomine	(1 HOSTIC Apren	silder & yours						
	gave rise to immediate cause (a), stating the	DUE TO DE AS ADONSEOUE	NICE OF THE PROPERTY OF THE PR		1						
	underlying cause last.	A 2 Townsecou	1 - G - Partina	seelendi sach							
	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION G	IVEN IN PART I TO						
	No.										
P,	THE DATE OF OPERATION OF THE DATE OF OPERATION OF THE DATE OF OPERATION OF THE DATE OF THE	19 CONDITION FOR WHICH	OPERATION WAS PERFORMED	204 AUTOPSY? No. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?							
4	1 2/8/18	Inotext A	neugon,	The second secon	ES NO						
0	71a ACCIDENT WAS UNCONTROL [ATTAL OF INJURY	THOW INJURY OCCURR	ED THEFT HATHE OF HAHE IN THE IS	PART S OF PART SY						
¢	OF CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DA	Y YEAR								
2	(IF ETIME NOTIFY MOCKS PRANSES) 214 PUBLISHY OCCURRED	71s PLACE OF INJURY	2H LOCATION	CITY OF TOWN	COUNTY STATE						
Н	■ whit □ holimais □	LAT HOME, STREET, FACTORY, OFFICE, FA	EW ELCT	CHI OF TOWN							
	220.1 certify that (I) (this haspital	il) attended the deceased from	2/8/10/0	£ 10 2/1/	19 that (1) (we) last						
	saw the deceased alive an_	3/8/190	and that in (mý) (aur) apinian o	death accurred an the date and ha	our and fram the causes stated						
	above, (1) (we) (did) (did nat) (22b. SIGNATURE	view/the bady after death.	DEGREE		22c. DATE SIGNED						
		tu	ATTENDING PHYSICIAN	MEDICAL STAFF	2-8-86						
7	22d. PHYSICIAN'S NAME (TYP)	HONE)	22e. ADDRESS	binle & Dr	12						
1	1 (< 1	ms	201 10 man	beer and	217 48						
-	23a BURIAL, CREMATION, REMOVAL	23b. DATE 23c. N	AME OF CEMETERY OR CREMATORY	23d LOCATION							
	Burial		ose Hill Cemetery		Wash. Co., Md.						
ij	24 FUNERAL DIRECTOR			E REC'D. BY REGISTRAR 256, REGIS							
	John H. Bast, Jr	Boonsboro,	Md. 21713 FF	B 1 3 1986 Sulia	Davidson-Random						

DHMH - 16 60M 7/84 (VRA 15, 4)

121 .. 20,000 0 ... frs. duns 3. Toylor, Governoom, No. china 2-11-66 Rose All Coverng daysestoun, unch. Co., okh. John H. Sast. Jr. 8000400000, Mt. 27/10 | PM 1.2 1898 Links Photos FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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-	PEG NO

4	(TYPE	ORPRINT)	TAIL		WIDDLE	رميد ,			20 DATE OF DE	MONTH MONTH	M C	26. HOURS
0-			JOH		njamin	11	Hy COIL			1-65	1 20	12
	3. SE	(4. RACE		5. DATE O		YEAR	6. AGE (IN YEARS	LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 H
	and the same	male		white	2		mber 3, 19			52 YRS		1.00%
7	7a. BI	RTHPLACE (STATE OF	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	B.	DE NEVER MARR	DIED [BALTIMORE	ITY OR COUN	ITY OF DEATH	
ı		ryland		U. S	S.A.	WIDOW			Wa	shingt	on	
	10 C	TY OR TOWN OF DE	ATH		HOSPITAL, NURSIN		OR OTHER INSTITUT	ION	12a. USUAL OCC			F BUSINESS
ı	F	lagerstown		Washir	gton Cou	nty H	ospital		machin		rail	road
0		AL RESIDENCE (IF NUF	136 COUR		GIVE RESIDENCE BEFORE		113d. INSIDE CITY LI	IAAITC2	13e.STREET ADD	DESS / 7ID CC	2174	0
		ryland		hington	Hagerst		YES NO		4 Roess			
	14. FA	THER'S NAME		WIDDIE	LAST		15. MOTHER'S MA	IDEN NAM	E			
1	1	Sherman		MIDDLE	Taylo	r	Lillie	e	MI	DDLE	Lew	
Ī		AS DECEASED EVE			166 SOCIAL SECU	JRITY NO.	17 INFORMANT			ADDRESS		
	. (yes, no or unknown)	Kore	an War	220-28-	8799	Mrs. Jos	yce J	. Taylor	, Hage	rstown,	Marvla
1		18 CAUSE OF DEA	TH (Enter or	nly one couse per	r line for (g), (b) as	diet.	1			-		MATE INTERVAL ONSET AND DEA
		PART I. DEATH V	WAS CAUSE IMMEDIA	D BY:	CARD	110 RI	SPIRAGO	nu	ARRES	5		
					B AS A CONSSOUR			10		- 1	1	
		Conditions, if ony	v. which	DUE 10, 0	R AS A CONSEQUE	Lakill	WIAL ?	TNY	287Ma	0 / PR	Runcs	
		gove rise to im	mediote		R AS A CONSEQUE				200	10	30,7.1	
		underlying cous		100210,0	R AS A CONSEQUI	ENCEOF						
		PART 2 OTHER SIG	NIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO T	HE TERMIN	VAL DISEASE OF	CONDITION	SIVEN IN PART 1	0
	ON											
7	CERTIFICATION	190 DATE OF OPERA	MOITA	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	D	20a AUTOPSY		YES, WERE FINDIN	
	TIFE								YES NO		TIFYING CAUSES YES [NO [
Ī	CER	21a. ACCIDENT WAS UN	_	216. TIME C	FINJURY	AV VEAD	21c. HOW INJURY	OCCURRE	D (ENTER NATURE	OF INJURY IN ITEM I	IS PART (OR PART 2)	
	AL	OR CONTRIBUTING		1111	M. MONTH D	19						
	MEDICAL	21d. INJURY OCCUP		21e PLACE	OF INJURY		211 LOCATION		CIT	YORTOWN	COUNTY	STATE
	Σ	AT WORK NOT W	ORK	(AT HOME SII	REET, FACTORY, OFFICE F	ARM ETC)	SINCE		Cil	1 04 10 1011		SIAIL
١		22a.t ceffify the	(this hospi	ital) attended th	e deceased from_		, 19	>	_, to		_, 19,	that (I) (we)
		sow the decear	ed alive on	t) view the body	ofter death	, 00	nd that in Imy) (our)	opinion de	oth occurred on	the dote and h	nour and from the	couses stated
		226. SIC NATUR			- 4	10.0	DEGREE		76		224 DAJE	SIGNED
	17	La!		JAACV		MW) ATTEN	DING	MEDICAL DIRECTOR P	STAFF HYSICIAN	211	186
١	. 11	22d. HYSICIAN'S N	AME (ME	PRINT)	^		22e ADDRESS	1	:1	Λ α α Λ	11	70
			(1)	(100)	in In	V)	1865	HO)	Lich	1012	143881	Mr
Ī	23a. B	URIAL, CREMATION	REMOVAL	236 DATE	23c. N	NAME OF C	EMETERY OR CREM	ATORY	23d LOCATIO		0 000	
	(burial		Feb. 4	,1986 Gr	eenlav	vn Memoria	al Pa	rk Willi	amsmpoi	rt, Wash	, MD.
		NERAL DIRECTOR	MINNI							TRAR 25b. REG	ISTRAR'S SIGNAT	URE
	41	5 East Wi	lson H	Blvd. Ha	ADDRESS	Marv	and 2174	FEI	0 / 19	36	, www. woon-	anacia
					0-10-00111	,	T		- 101			7 7

DHMH - 16 60M 7/84 (VRA 15, 4)

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		500 W ANT 1 TO	DDI TN		TE OF MARYLAND	WAIPNE	
	1-	FOR STATE CONALD THOMPSO			HEALTH AND MENTAL H FICATE OF DEATH	REG. NO.	0629
056108	1. DE	CEASED NAME FIRST DONALO	L EDWIN	1 Tho	mpson	20 DATE OF DEATH MONTH	10 86 2:4 7AM
Page 4 may	3. SE	Male	White	Jan.	OF BIRTH 23°, 1933°	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
rer death. Po re funeral dir within 72 hou	2 .	RTHPLACE (STATE OR FOREIGN COUNTRY) istric of Colum	76 CITIZEN OF WHAT COL	JNTRY? 8 MARRI WIDOW	ED NEVER MARRIED	Nashington	
by the fur filed with		agerstown	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GP Washington	VE STREET ADDRESS		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK FUNETAL DIRECT	12b. KIND OF BUSINESS OR INDUSTRY
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ed within mpletely and 2 sh	14. FA			mpson	15. MOTHER'S MAIDEN	Mae Modie	Nicodemus Nicodemus
be execut on and co		WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIA	8-7365	Jeffrey L.	Thompson Route	e # 1 r Spring, Md.
that the death certificate by the attending physics remove carbon papers, cemention, or removor rather traumatic event,		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A COM (b) DUE TO, OR AS A COM (c)		Melastot	ic to bows	Smouths
requires the requires the signed by Then pleas no to buriol, injury, or or	NOI	Mileter	r Mellitus,	Type		rminal disease or condition	
The low recion.	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATION		YES NO	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO
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NG PHY offer this os the bu	MED	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY,	OFFICE, FARM ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDH sepital or CCTOR: A of for use n 21 is m		220. I certify that (1) this haspi saw the discosed alive on abave, (1) (we) (did) (did no	2/9	_19_86		an death accurred on the date an	d haur and from the causes stated
SPITAL OR A d by the hosp NERAL DIREC be detached if be detached if TANI: if them		22b. SIGNATURE	Bull		ATTENDING PHYSICIAN	MPDICAL STAFF DERECTOR PHYSICIAN	2/10/86
TO HOSPITAL retained by th TO FUNERAL should be det with the Stole with MPORTAN;		1220. PHYSICIAN'S NAME (TYPE O	Brull		22. ADDRESS	loto mac Ave.	Hogerstown
BP	23a l	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	236 DATE 2-13-86		oro Cemetery	Boonsboro, Wa	shington Md

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR S SIGNATURE

FEB 2

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR

Thompson Funeral Home, Inc. Clear Spring, Md.

Later District Superal More, Lic. Clast District, d. Line

Personal Language Courses Hospitch Page Construction and Theoretics

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	1	DU		D STATE DEPARTMENT OF 1 301 W. PRESTON STREET, BALT		
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fun fun	3. 9		. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
A hours after death in by the funeral less. Pages I and 2 my hours after death		Eemale	White	July 9, 188	39 Jost birthdoy) YRS.	MONTHS DAYS HOURS MIN.
by by our	170	BIRTHPLACE (State or foreign 7b.	CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
the Factor	M	aryland	U.S.A.	WIDOWED DIVORCEO	Washington Co	ounty Md
1 1 3	119.	agerstown	11. NAME OF HOSPITAL OR IN give street oddress) 320 Bryan	STITUTION (If not in hospital l2o. USU during m	AL OCCUPATION (Kind of work done last of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
P	130	USUAL RESIDENCE (Where deceased li	ved, if institution: Residence before 3b. COUNTY.	13c. CITY OR TOWN 13d. INSIDE CITY	IMITS? 13e. STREET AND NUMBER	21740
2 5324		FATHER'S NAME First	Middle Lost	15. MOTHER'S MAIDEN NAME		Place
and com	A"			sson Eliza	Ellen	Dennis
ertificate be physician a nen pledse i naval, andrin	160	WAS DECEASED EVER IN ILS ARMED I			Address	Delliling
fica lysic ple al, o	1	res. na, or unknown) (If yes give war or o		145 G. Dennis	Thurston same	98 13
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hat n. by th ansi	П	rise to immediate cause (a), stating the underlying couse	DUE TO, OR AS A CONSEQUENCE OF			0
es tes tes tes tes tes tes tes tes tes t		lost.	(c)			
equires that the death ce physician. signed by the attending burial-transit permit. The burial, cremation, ar rem		PART 2. OTHER SIGNIFICANT CONDITI	ONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(o)	
ing ing	NO					
s be as be a	CERTIFICATION	19a. DATE OF OPERATION 19b. CON	DITION FOR WHICH OPERATION WAS PE		20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
F F S S T	ERTIF	Ol According to the control of the c	Total Title Of HUNDY	YES NO 2		1. 10.
ICIAN: pital or rifficate af far af far	MEDICAL CI	21a. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. Month Doy Year P.M. 1	9	er nature af injury in Part 1 ar Part 2,	Item 18.)
G PHYSICIAN: The law requires the the haspital or attending physician. This certificate has been signed by detached for use as the burial-traite Dept. af Healthprior ta burial, cre	×	While Nat while at wark	OFFICE BUILDING, ETC.	CTORY,) 21f. LOCATION Street or R.F.D. No		Caunty State
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completing to a signed by the attending physician and completing the page 3 shauld be detached for use as the burial-transit permit. Then please remove should be titled with the State Dept. of Healthprior to burial, cremation, ar remayal, and the property of the plants of the plants.		22a. I certify that ((1)) (this h	aspital) attended the deceas on	ed fram	inian death accurred an the d	that (1) (we) las ate and haur and fram the
ATT ATT Strain share share sitch 1		22b. SIGNATURE	t- ((22c.	DATE SIGNED
OR OR See re		Charle	1 tens m.	OEGREE PHYS.	MED. DIRECTOR PHYS.	1-24-66
TO HOSPITAL Page 4 may B TO FUNERAL D director, pag should be fill		22d. PHYSICIAN'S NAME (Type) Chayle	s F. Hess N	1. De 22e. ADDRESS Sm. X	hsboro wo	
HOS UNI	230	. BURIAL, CREMATION, 23b. DATE	23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
5 5 ja		REMOVAL Specify 2-24	-86 Rose	Hill Cemetery	Hagerstown W	ash. Md.
VR A15 (4)		FUNERAL DIRECTOR 3	05 N. Potomac	Street 25d. REC'D	8Y REGISTRAR 2Sb. REGISTRAR	S SIGNATURE
25m-1/70	G	erald N. Minni	ch Hagerstow	n, Maryland DATER	27 1008 Julia Navi	draw Bandale

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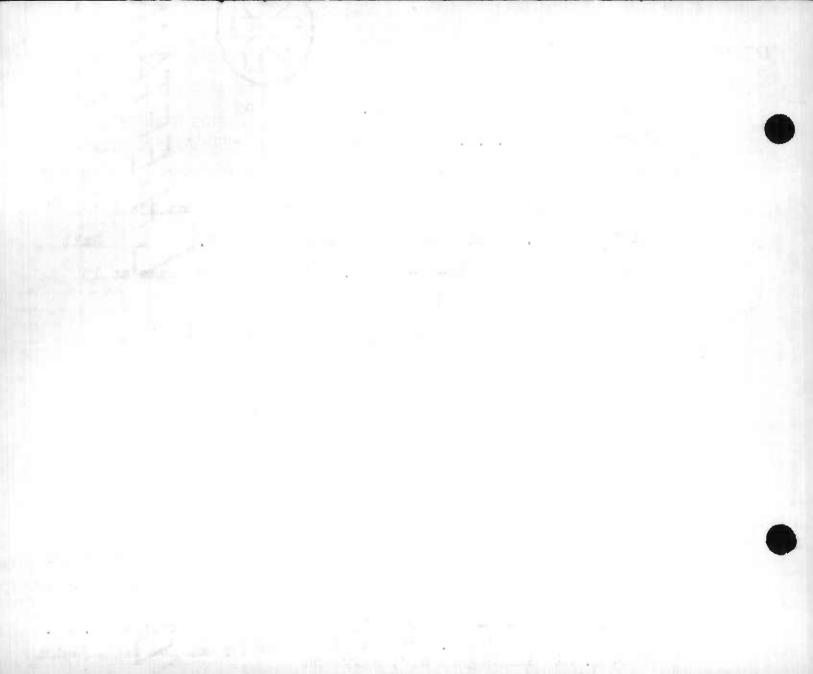
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STATE OF MARYLAND

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6		CEASED NAME	FIRST	MIDE	DLE	Ĺ	AST	20	DATE OF DEAT	H MONTH	DAY	YEAR	2b. HOUI	?
	Titre		Emma	Fran	ices	Trus	sell			2	11	86	12	: 25P
	3 SE	X	4.1	RACE		5 DATE C			AGE (IN YEARS LAS	T BIRTHDAY)	MONTHS	DAYS	# UNDER	AIN.
	F	emale		White		Oct	. 18 1893	5	92	YR		DATE	III III	M 64.
11		IRTHPLACE STATE OR FOR	EIGN 76.	CITIZEN OF WH	IAT COUNTRY?	8 AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	NEVER MARRIED	9.1	BALTIMORE CIT	Y OR COU	NTY OF DE	ATH		
6	D	eTaware		U.S.A		WIDOWE			Washi	ngton	1			MD.
3		oonsboro		NAME OF HOS	ACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	120	USUAL OCCUPATE OF WORK FOR MC	PATION 051 OF WORKIN	IG LIFE) 12b.	KIND OF DUSTRY ndu:		SS OR
	63U 13a. S	AL RESIDENCE IN NURSING	HOME OR OTH	HER INSTITUTION, GIV		E ADMISSION)	134 INSIDE CITY LIMIT YES NO		STREET ADDRE	SS / ZIP CO	ODE 36	21	71	3
	-	ATHER'S NAME	MID		LAST		15 MOTHER'S MAIDEN	NNAME	AIDD			LAST		
0)	William	S.		mmons		Emma		F.			Ha		
1		WAS DECEASED EVER IN YES, NO OR UNKNOWN)	U.S. ARME (IF YES, GIVE W	D FORCES? 16	14-09-		F. Leist	er l	Moblev	DRESS	e as	73		
	HON	Conditions, if any, some rise to imme cause (a), stating underlying cause	diote the last.	DUE TO, OR A (b) DUE TO, OR A (c) NDITIONS CON		ENCE OF	NOT RELATED TO THE	HOC						
7	TIFICATION	190 DATE OF OPERATE	N	196 CONDITIO	ON FOR WHICH	OPERATIO	N WAS PERFORMED		200 AUTOPSY?	IN CE	YES, WER RTIFYING YES			H?
7	DICAL CER	21a. ACCIDENT WAS UNDER OR CONTRIBUTING CA LIF EITHER, NOTIFY MEDICA 21d. INJURY OCCURRE	USE OF DEATH LEXAMINER)	21b. TIME OF IT HOUR A.M. P.M. 21e. PLACE OF	MONTH D	AY YEAR	21c HOW INJURY OC	CCURRED	ENTER NATURE OF	INJURY IN ITEM	18 PART 1 OF	EPART 2)		
	ME	WHITE NOT WHILE		AT HOME, STREET	, FACTORY, OFFICE, I	FARM, ETC)	STREET		CITY	OWN 19WN	cc	YINUC	51	ATE
		220 I certify that (I) (t saw the deceased obove, (I) (we) (dis	alive on		.19	, ar	, 19, nd that in (my) (aur) opi	oinion dea	, to th occurred an th	ne date and		fram the c		
		22b. SIGNATURE	1.1	Me	e d	0	DEGREE ATTENDIN PHYSICIA		WEDICAL DIRECTOR PH	STAFF YSICIAN	0	All	180)
		ABOUL I	JAH	EED,	uno		1610 D)AK	Hill	NE.	H	19,.	MO	2174
		BURIAL, CREMATION, RI	MOVAL	23b. DATE	23€	NAME OF C	EMETERY OR CREMATO	ORY	23d LOCATION	N	NOO	AIY	51	ATE
		Buria	1	2-14-8	6 Ro	se H	ill Cemet	erv	Hager				Md.	
	24. FI	UNERAL DIRECTOR		305	N.P.	toma	c St	FER	M A NO	AR 251 REC	DISTRAR'S	SIGNATI	URE	
	G		linni	ch Hag			aryland		M C MU	Jun	repaid		andale	-

DHMH - 16 50M 4/B3 (VRA 15, 4)



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DECE

OR TATE EGISTRAR	DEPARTN	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE B CO.	0 6	3
SED NAME FIRS	NE B,	Tucker	20 DATE OF DEATH MONTH	18 86	26
emale	Causasian	5. DATE OF BIRTH OS 14 GAR	6 AGE (IN YEARS LAST BIRTHDAY) 8 YRS.	MONTHS DAYS	IF H
PLACE ISTATE OR FOREIGH Exmiller, Mo	u. s. A.	MARRIED NEVER MARRIED NOVEL DIVORCED	WAShing+	lon	
or town of Death	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET / COLTON VILLA N		TYPE OF WORK FOR MOST OF WORKING (Housewife	126. KIND O INDUSTRY Own	F B
RESIDENCE (IF NURSING HO ITE 13b (Yland Wa	ME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE COUNTY BENINGTON BOOKSDO	ADMISSION) 13d INSIDE CITY LIANTS? YES NO	13. STREET ADDRESS ZIP CO	§ 217	1

1 SEX a. BIRT Kit USINESS OR ome Mai IE FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE Squires Madison Doyle Burton Jemima 166 SOCIAL SECURITY NO Rrd. 2 Box 143 17 INFORMANT Mr. Clyde B. Tucker, Boonsboro, Md. 216-38-1891 No BETWEEN ONSET AND DEATH CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY taresy ATZDIAC IMMEDIATE CAUSE A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating the AS A CONSEQUENCE OF underlying MIOSCLUDOS CERTIFICATION 206 IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [216. TIME OF INJURY 210. ACCIDENT WAS UNDERLYING 211 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21. PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1 27n.1 certify and that in (my) (aur) apinian death accurred on the date and havi and from the causes stated ATTENDING MEDICAL STAFF
DIRECTOR | PHYSICIAN | PHYSICIAN HAGERSTOWN, MD. 21740 ESS 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 134 DATE 23¢ NAME OF CEMETERY OR CREMATORY 2-21-86

Burial

White Church Cemetery

White Church, Garrett, Co. Md.

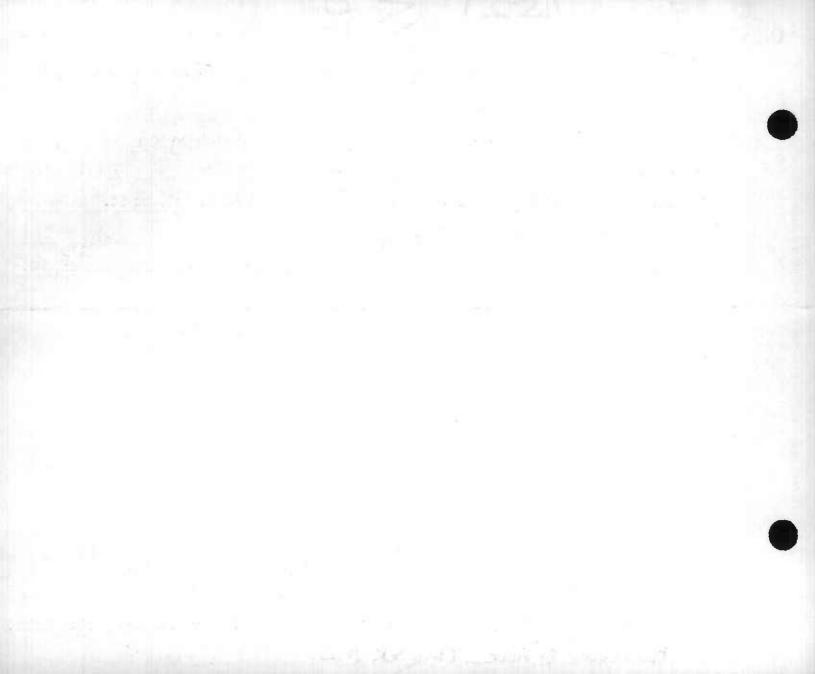
HOUR

34 FUNERAL DIRECTOR

Boonsboro, Md. John H. Bast, Jr. 21713 hima Dandon

Colton ville .. weinz form House ife Oin House eryland Senison Beausons X LL. 2 30x 143 21713 Mainten Syrten Jemine LC. 8 30x 113 215-20-1891 Mr. Clyde 3. Lucker, 3 compore, Mr. 2175 THE TANK NAMED AND THE PARTY A the ment at for the care the same 20 HTML CHEMEN ST HEROLOGICAL A THE REPORT OF A STREET ASSESSMENT OF THE PARTY OF THE P GAUGIERON CON Surial 2-21-35 milu Church Cestatury, Milte Church Jarrett, Co. Mi. John M. Bass, dr. Boonsboro, Mr. 21713

5000	1.	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL H	IYGIENE & 6	0	6 3	0 3
34 T		Committee and the committee of the commi	eatha	Laverr	ne (lpole	20 DATE OF DEATH	MONTH DAY	3 100/	HOUR HOUR
soter of	3. 5E		4. RACE Whit	te	S. DATE C	DAY YEAR	6. AGE TINYEARS LAST		NDER I YEAR IF U	NDER 24 HRS
25		Pennsylvania	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIEI WIDOWE	D NEVER MARRIED		OR COUNTY OF	Counte	4 MD
be filed with	10. C	ONS DOCO		CH FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	12a. USUAL OCCUPA (TYPE OF WORK FOR MOS	HOIS	126 KIND OF BUINDUSTRY Public	Schoo
4	USU 13a	AL RESIDENCE (IF NURSING H	OME OR OTHER INSTITUTION COUNTY lashington	Hagers to	N	13d INSIDE CITY LIMITS YES X NO [13. STREET ADDRESS		St. 217	
21	14. F/	George	Albert	Winter	rs	15. MOTHER'S MAIDEN FIRST Emma	MIDDLE		Rank	
medical		WAS DECEASED EVER IN U YES, NO OR UNKNOWN) (IF	I.S. ARMED FORCES? YES, GIVE WAR OR DATES)	16b. SOCIAL SECU	IRITY NO.	Glen R. Wi	nters Rt#2 E	ox 270A	2175 Hancock	, Md.
ial, crematian, ar remavol. or ather troumatic event, th		Canditians, if any, wh gave rise to immedic cause (o), stating	DUE TO, C	DR AS A CONSEQUE	INCE OF E	ui Hoa	et Jeiler	e		
ransit permit. Then ple Hygiene prior to burio 18 shows ony injury, or	CERTIFICATION	PART 2 OTHER SIGNIFIC				NOT RELATED TO THE TE	200 AUTOPSY? YES NO	20b. IF YES, W	ERE FINDINGS G CAUSES OF D	
a Mental	MEDICAL CE	21a. ACCIDENT WAS UNDERLY. OR CONTRIBUTING CAUSI (IF EITHER, NOTIFY MEDICAL E) 21d. INJURY OCCURRED	E OF DEATH HOUR A (AMINER) P		19	21c. HOW INJURY OCC	URRED (ENTER NATURE OF IN		OR PART 2)	STATE
should be detoched for use as the with the State Dept. of Health and MPORTANT: If Herr 21 is marked	Σ	22b. SIGNATURE	hospital) attended th	ne deceased fram	, or	, 19, 19, 19, 19	, ta an death accurred an the	date and haur an	, that	(I) (we) last es stated
TO FUNERAL should be deriven the Stote		Abdul T. BURIAL, CREMATION, REM				Hac EMETERY OR CREMATOR	CITY OR TOWN	mo	217L	STATE
6 50M 4/83		urial DIERAL DIRECTOR	12/16/8	D LUG	ımascu	s Cemetery	I Big Cove	lannery RISS REGISTRAR	Fulton	Penna



MIDDLE

FOR

REGISTRAR

DECEASED NAME

24 FUNERAL DIRECTOR

SARFIELD

THOMAS

SAUSBURX

DHMH - 16 60M 7/B4

(VRA 15, 4)

- STATE

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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2h HOUR

12b. KIND OF BUSINESS OR

Penadot

Kuzmison

YES [

COUNTY

- SOMERSET -

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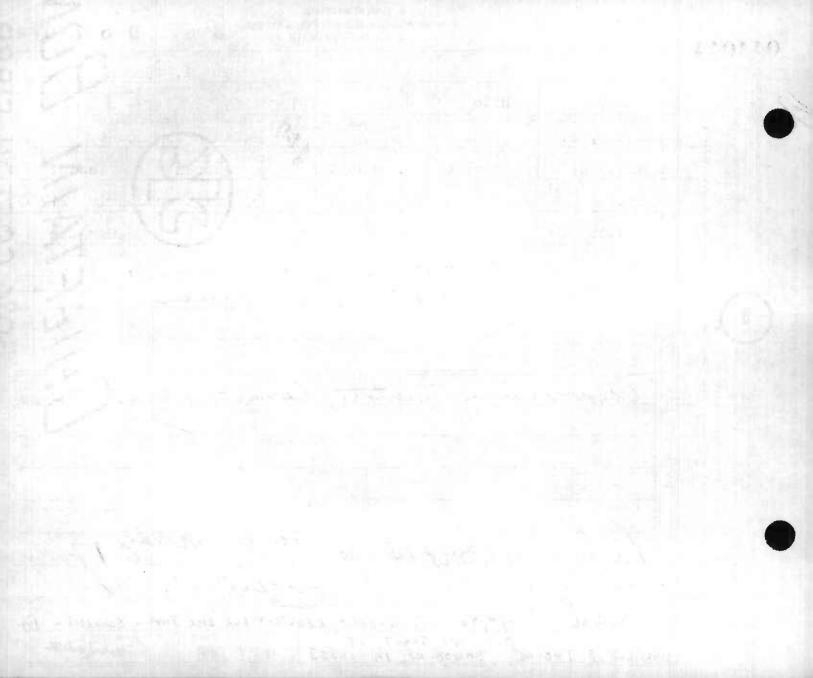
250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

APPROXIMATE INTERVAL

NO [

IF UNDER 1 YEAR

20 DATE OF DEATH MONTH



101	n other death. Page 4.	by the Lineral director.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer leage 4 stoned by the hospital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physical and employed a part that it is a should be detached for use as the burial-transit permit. Then please remove cork an appear and a chall be accounted for use as the burial-transit permit. Then the State Dept of Health and Mental Hygiene prior to burial, cremation, ar minimal.
W. PRESTON ST., BALTI	of the death certificate by	by the attending physics is remove carbon and correction, are not a correction, are not a correction.
F VITAL RECORDS, 201	IAN: The law requires th physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physics should be detached for use as the burial-transit permit. Then please remove confengments with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.
DIVISION O	O HOSPITAL OR ATTENDING PHYSICIAN: The lestoned by the hospital or attending physician.	RECTOR: After this cert ed for use as the burial pt of Health and Menta
	O HOSPITAL OR	TO FUNERAL DIS should be detach with the State Dep

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYCIENE

25%	
5/2	100
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-	REG NO

1 -	STATE REGISTRAR	T.1.	36:1	DEFARIN	CERTIF	ICATE OF	DEATH	8	REG. NO	0	6	3 9
7 9 9	CEASED NAME	100	l i	i for the control of	1	AST		2a DATE OF	DEATH W	ONTH DAY	7. 61	26 HOUR
		MI	Idrec		W	e1/e	V		0	2 8	06	1-
1. SE	X.	4	RACE		5. DATE O		YEAR	6. AGE (IN YEA	ARS LAST BIRTH	DAY) IF	UNDER I YEAR	HOURS
1	Temale	2.7	white	2	7	2	05		80	YRS.		
	LIN LACE (STATE OR F	OREIGN 71	CITIZEN OF	WHAT COUNTRY?	8	□ NEVE	R MARRIED -	9 BALTIMOR	E CITY OR	COUNTYO	FDEATH	
	faryland		U.S.	Α.	WIDOWE		DIVORCED [1	Washi	ngton		
10 C	ITY OR TOWN OF DEA	ATH 1		HOSPITAL, NURSING		R OTHER IN	STITUTION	12a USUAL O	CCUPATIO	N	126 KIND O	OF BUSINES
	lagerstown		Colton	Villa Nu	rsing	g Home		house		WORKING (IFE)	INDUSTRY	
13a S	AL RESIDENCE IF NURS	136 COUNT	Y	13E CITY OR TOWN	4		CITY LIMITS?	13e STREET AL				21740
	ryland	wasn:	ington	Hagersto	wn	YES .	NO 🔀		Dual	Highwa	У	
4 17	FIRST	AA	DDLE	LAST		IS. MOTHE	FIRST	WE	MIDDLE		LA	ST
	John	М.		Hogan			ulia	Land III	ADDRES		Neibe	rt
	VAS DECEASED EVER YES, NO OR UNKNOWN)		WAR OR DATES)	16b SOCIAL SECUR		17 INFORA						
	no		Same 16	214-09-7	330D	Mrs.	Dorothe	a M. We	eller	, Hage		n, MD
NO	PART 2. OTHER SIGN		(c)		ente	NOT RELATI		INAL DISEASE	OR COND	ITION GIVEN	I IN PART 1	a
CERTIFICATION	19a DATE OF OPERA	TION	196 CONDI	196 CONDITION FOR WHICH OPERATION WAS					206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH			
	21a ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER NOTIFY MEDIC	CAUSE OF DEATH	21b. TIME O HOUR A./	M. MONTH DA	Y YEAR	21c HOW	INJURY OCCURE	RED (ENTER NATI	JRE OF INJURY	IN ITEM 18 PART	T I OR PART 2)	
MEDICAL	21d INJURY OCCURE	OLE	21e. PLACE ((AT HOME STR	OF INJURY EET, FACTORY, OFFICE, FA	RM, ETC)	211 LOCA STRE			CITY OR TOW	N	COUNTY	51
	22a.1 certify that (1)) attended the	deceased fram_			, 19	, to		. 19		that (II (w
	sow the deceased alive on											
	abave, (1) (werto	A LA	Mes	1		DEGREE					D/g	No
	abave, (1) (werto	1. 4.	Kee	lus		22e ADDR	PHYSICIAN [MEDICAL DIRECTOR			2/2	8/81
	above, (1) (yette 22b. SIGNATURE 22d. PHYSICIAN'S NA ABOUL	AME (TYPE OR I	Kee	lu ED m	(D)	1220 ADDR	PHYSICIAN [ESS — OHE				9/2 6. W	8/81
	22b. SIGNATURE	AME (TYPE OR I	Kee	- Lug - 23c. N	AME OF CI	1610.	PHYSICIAN [HY(PHYSICIA		12/2 6.41	8/81 D21

DHMH - 16 60M 7/84 (VRA 15, 4)

MINNICH FUNERAL HOME 415 E. Wilson Blvd., Hagerstown, Maryland 21740



	ST	ATE	OF	MA	RYL	AND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8	6 REG. NO.	0	6	
-	REG NO		-	

I DE	CEASED NAME FIRST	MIDDLE	LAST		Ze. DATE OF DEATH MONTH ,	DAY YEAR 26 HOUR
	JOSEPHIN	E ESTELLA	WOLFORD		00/	06/863:30
1.5E	X	4 RACE	5 DATE OF BIRTH		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
1	emale	White	Feb. 24	1923	62 YRS	MONTHS DAYS HOURS MIN.
	ATHPLACE INTER CREOREIGN	76 CITIZEN OF WHAT COUNTR	Y? 8		9 BALTIMORE CITY OR COUNT	Y OF DEATH
	est Virginia	U.S.A.	MARRIED NEVE	DIVORCED Y	Washington	MD.
	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR:	SING HOME OR OTHER I	NSTITUTION	12a USUAL OCCUPATION	126. KIND OF BUSINESS OR
На	gerstown		yland Center	Tue-	Prill Press O	per. Aircraft
	AL RESIDENCE (IF NURSING HOME OF			E CITY LIMITS?	13e STREET ADDRESS / ZIP COD	21740
Ma		ington Hager		NO 🗆	628 George S	
4 F/	ATHER'S NAME	MIDDLE LAST	15. MOTH	ER'S MAIDEN NA	WE	LAST
	Robert	Stewa	rt	Zell	a	Shingleton
	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SE	CURITY NO. 17 INFOR	MANT	1533	Commerce Stre
	No	- 216-14	-6717 Jame	es L. W		ester Va. 22
	18 CAUSE OF DEATH Enter or	nly ane cause polyne far (g), (b),	and ic	10		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		TE CAUSE 10 PER	ral Face	lure		
		DUE TO, OR AS A CONSEC	DIENCE OF A	ichet	ed.	
	Canditians, if any, which	DUE TO, OR AS A CONSEC	0. 0 0 1	Al. t. M. D	titu a	
	gave rise ta immediate	10)	e enerce	August	0 0++	~,
	underlying couse last.	DUE TO, OR AS A CONSEC	DUENCE OF ALL	chieles	Encephalite	5
		(c)				
z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELA	TED TO THE TERM	NINAL DISEASE OR CONDITION G	VEN IN PART I I a
10						
S	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PER	FORMED		S, WERE FINDINGS USED IFYING CAUSES OF DEATH?
CERTIFICATION						ES NO
	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	10 TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 216 HOW	INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER		19			
ED	21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCA	TION	CITY OR TOWN	COUNTY STATE
2	AT WORK NOT WHILE	TALLIANTE STREET, PACTORY, OFFIC	1/2/0		- 1 ./	0
		tal) attended the deceased from	1/2/8/	219	_10 2/6/	19 that Dr (was last
	saw the deceased alive on		, and that in (r	ny) XOV apinion	death accurred on the date and ha	ur and fram the causes stated
	22b. SIGNATURE	t) view the body ofter death.	. DEGREE			22¢ DATE SIGNED
	2./		/	ATTENDING	MEDICAL STAFF	2/2/20
	214 PHYSICIAN'S NAME (TYPE O	my mill	122- ADD	PHYSICIAN [DIRECTOR PHYSICIAN	0/6/06
			22e ADDI			
	M. Milan	inia M.D.	1500	Penns	ylvania Ave.,	Hagerstown, Md
	BURIAL, CREMATION, REMOVAL	23b. DATE 23	C. NAME OF CEMETERY C	R CREMATORY	23d. LOCATION	COUNTY STATE
	Burial	2-8-86 Qe	dar Lawn M	iem. Pa	rk Hagerstown	, Washington,
	JNERAL DIRECTOR	u-	goratoum !		E REC'D. BY REGISTRAR 256. REGIS	
. F	C. Coffman Fu	neral Home, I	nc.	EC	R 1 7 1000 Julian	Tairidan Rando

DHMH - 16 60M 7/84 (VRA 15, 4)

A 1 7 17 1 1 Yems/ West bost Virginia U.S.A. figural . roof short first Two was beaution of each to the contract the contract actioning siles strongeron there are the 1537 Commorce Street 216-14-5777 James L. Wolford Minchester, Va. 2260 16 Rey 16 17 of ATTERIAL LOCALANTE 1500 Pennsylvenia Ave. , Hacorstown, MC. H. Milaninia M.D. 7-1-85 Coder Law let. ort Magerstown, Washington, Nd . DI TWO TE TOUR A.A. Cottman Buneral Bome, Inc. tea of a substitute teach was a to

STATE OF MARYLAND 070145 1

DEPARTMENT OF HEALTH AND MENTAL HYGIE

NE B REGINO.	0	6	3 1	0 7
a. DATE OF DEATH MONTH	DAY	YEAR 86	2b HO	UR, 5
AGE (IN YEARS LAST BIRTHDAY)	IF UND	ER I YEAR	IF UNDE	R 24 HRS
75 YRS	MONTHS	DAYS	HOURS	MIN.

U		REGISTRAR	CERTIFICATE OF DEATH OF REGNO. U 6 3 0 /								
		CEASED NAME Naomi	Ger	rtrude 0W	ler YOULER		20. DATE OF DEATH MONTH		DAY YEAR 26 HOUR, 5		
	3. SE	x Female	4 RACE		S. DATE C	DAY YEAR	6. AGE (INYEARS LAST BIRT		IF UNDER I YEAR	IF UNDER 24 HRS	
Jones John Market		IRTHPLACE (STATE OR FOREIGN COUNTRY) Pennsylvania		WHAT COUNTRY?	8	DE NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH Washington			M	
Delition 7	10. CITY OR TOWN OF DEATH Hagerstown		11. NAME OF HOSPITAL, NURSING HOME (IE NOT IN SUCH EACILITY, GIVE STREET ADDRESS) Washington County I				12g USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Laborer	INDUSTRY			
od išumi	130	AL RESIDENCE (IF NURSING HOME STATE 13b. COL VID. Was	UNTY	136. CITY OR TOW Hagerst	VN	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS /			21740	
exomine	14 FATHER'S NAME FIRST James		MIDDLE	Clinga	n	15 MOTHER'S MAIDEN NAME	MIDDLE		Win	Wintrode	
e medicol		WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, O NO	ARMED FORCES? GIVE WAR OR DATES)	214-09-		Mr. Claude	E. Yowler,	100		MD.	
other traomatic		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost	161/2	RAS A CONSEOU	nie C	Extenderal	Cerlins	l. Di	4 }	frs.	
erlany, e	NOI	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
tho swort	CERTIFICATION	198. DATE OF OPERATION	ITION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO			OF DEATH?		
18 P	MEDICAL CE	2)g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN	DEATH HOUR A.	M. MONTH D M.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PA	ART I OR PART 2)		
o payed or	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, STI	OF INJURY REET FACTORY, OFFICE, I	EARM ETC)	211 LOCATION STREET	CITY OR TOV	VN	COUNTY	STATE	
m 21 h m		220. I certify that (1) this hospital) attended the deceased from NWV., 19. 6.4. to 2-25, 19.86, that (1) we) lost sow the deceased of wearning and the deceased of the deceas									
NT. #		Charles	5. He	no m	1-2		MEDICAL STAF		27. DATE	SIGNED 25-86	
PORTA		Charles	F. He	55 M	· D.	Sm. ths	bure n	10.			

BP.

(SPECHYDuria)

DHMH - 16 60M 7/84 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL 73h DATE 231 NAME OF CEMETERY OR CREMATORY Cavetown Cemetery

23d LOCATION

24 FUNERAL DIRECTOR

Cavetown, Wash, Maryland

250. Date REC.D. By REGISTRAR 256 REGISTRAR'S SIGNATURE

AD A STORY OF THE PROPERTY OF THE PROPERTY

